

Department of Homeland Security

Immigration and Customs Enforcement: Office of Enforcement and Removal Operations

**Condition of Confinement Inspection Worksheet**

(This document must be attached to each G-324A Detention Review Form)

**This Form is to be used for Inspections of Facilities used over 72 Hours**



**Performance-Based National Detention Standards 2011 Inspection Worksheet  
for Over 72 Hour Facilities**

**REVIEW TEAM USE: (Edits Permitted, ALL FIELDS REQUIRED)**

<b>Facility Information</b>			
Facility Name: Adelanto Detention Facility East		Review Purpose: Annual	
Facility Type: IGSA Intergovernmental Service Agreement (IGSA), ICE Service Processing Center (SPC), ICE Contract Detention Facility (CDF)			
Address:	10400 Rancho Road		
City: Adelanto	State: CA	Zip: 92301	
County:	San Bernardino		
CEO Name:	(b)(6);(b)(7)(C)		CEO Title: Warden
<b>Review Information</b> (Use following format for dates: mm/dd/yyyy)			
Start Date: 10/4/2016	End Date: 10/6/2016	Review Type: Headquarters	
Lead Name:	(b)(6);(b)(7)(C)		Lead Title: LCI
<b>Review Document Issue Summary</b> (See Document Check Section to Review/Update)			
Error(s) Found:	0	Items Not Rated:	0

ICE HQ USE ONLY: (DO NOT EDIT\*)

Form Name: G324A_PBNDS	Form Key: 8	Form Date: 11/14/2012	
Form Type: PBNDS	Form Review Type: Annual	Form Over/Under 72 Status: 072	

\*If Edits are required, contact ICE HQ for an updated form.

~~FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)~~

G-324A (Coded 10122010) Detention Review Worksheet - Rev: 11/14/2012 - Form Key 8

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## ***INTRODUCTION TO THE G324A OVER 72 HOUR FACILITY DETENTION REVIEW WORKSHEETS***

The revised Performance-Based National Detention Standards (PBNDS 2011) were designed to better address the needs of ICE's detainee population while maintaining a safe and secure detention environment for staff and detainees. The revised standards build on the requirements of PBNDS 2008 to improve medical and mental health services, increase access to legal services and religious opportunities, improve communication with detainees with limited English proficiency, improve the process for reporting and responding to complaints, and increase recreation and visitation. The PBNDS 2011 follows the overall structure and organization of the PBNDS 2008, but adds one additional standard to Section 4 on Women's Medical Care, and applies certain italicized requirements to dedicated inter-governmental service agreement (IGSA) facilities, in addition to service processing centers (SPCs) and contract detention facilities (CDFs).

### **WHAT IS "PERFORMANCE-BASED"?**

Unlike "policy and procedures" that focus solely on what is to be done, performance-based policy starts with a focus on the results or outcomes that the required procedures are expected to accomplish. Each performance-based standard has been revised to produce Expected Outcomes that are clearly stated. Each standard reflects the overall mission and purpose of the agency and contributes to the goal that has been articulated.

Expected Practices found in the PBNDS represent what is to be done to accomplish the Expected Outcomes that will meet the Purpose and Scope of the detention standard.

### **WORKSHEET OVERVIEW**

Detention Review Worksheets are used to assess facility compliance with ICE detention standards. This set of worksheets is derived from the policies and procedures set forth in the PBNDS 2011. The G324A is for use with facilities that house detainees for over 72 hours.

Various line items in the worksheets have been designated as "Priority." Priority components replace mandatory components in earlier PBNDS 2008 worksheets, and represent those PBNDS requirements that ICE deems of critical importance for ensuring adequate conditions of confinement and the safety and security of detainees and staff at all ICE authorized detention facilities.

### WORKSHEET COMPLETION

Reviewers are required to complete each item within each section of the G324A Detention Review Worksheets. Worksheets are in a uniform format with three columns, with PBNDS purpose and scope stated at the top of the worksheet. Column one contains the relevant standard line item. Column two contains a dropdown menu for each row where a rating can be assigned to a given line item. In addition to rating options for “Meets Standard” and “Does Not Meet Standard,” there is an option for the review team to select “N/A.” The “N/A” rating should be used only rarely and where applicable. In addition, the remarks section for each line item should be filled out in as much detail as possible. If the review team fails to assign a rating to a given line item, the default rating and thus the assigned rating on the worksheet will show as “Not Rated.”

There is also a summary remarks and rating section at the end of each standard that must be completed by the assigned reviewer. The remarks should be filled out with sufficient detail to assist the Review Authority in accurately assessing overall facility compliance to the PBNDS.



## ***Section I: SAFETY***

Emergency Plans  
Environmental Health and Safety  
Transportation (By Land)

**STANDARD 1.1. EMERGENCY PLANS** (Key: A)

This detention standard ensures a safe environment for detainees and employees by establishing contingency plans to quickly and effectively respond to emergency situations and to minimize their severity.

Components	Rating	Remarks (1000 Char Max)
1. Staff are trained to identify signs of detainee unrest.	Meets Standard	Employees are trained to watch for signs of mounting tension among the detainee population. The training policy outlines some of these signs to include a spike in the number of detainee requests and incident reports; sullen, restless and short-tempered behavior; or detainees avoiding eye contact with staff members.
2. All staff receive training in emergency preparedness during their initial orientation, and training on the facility's emergency plans at least annually.	Meets Standard	Policy requires that employees receive all of the training required by this component.
3. <b>PRIORITY:</b> The facility shall have in place contingency plans for responding to emergencies, including a locally approved and annually updated evacuation plan.	Meets Standard	The facility has contingency plans for responding to emergencies. The emergency plans include a locally approved evacuation plan that is updated annually. The evacuation plan was last reviewed and approved on 06/01/2016.
4. Contingency plans shall include procedures for handling special needs detainees during an emergency or evacuation.	Meets Standard	
5. The facility administrator shall notify facility staff in a timely manner when changes are made to the emergency plan.	Meets Standard	Policy requires the OIC to notify all employees in a timely manner when changes are made to the emergency plans.
6. <i>(SPCs/CDFs) Each SPC and CDF shall develop contingency plans with local, State, and Federal law enforcement agencies and formalize those agreements with Memoranda of Understanding (MOUs). The facility administrator shall review and approve contingency plans at least annually.</i>	Meets Standard	At this DIGSA facility, contingency plans have been developed with local, state and federal law enforcement agencies. Up-to-date MOUs are maintained and included in the plans. The OIC reviews and approves contingency plans at least annually. The contingency plans were last reviewed on 06/01/2016.
7. Every plan that is being developed or is final must include a statement prohibiting unauthorized disclosure.	Meets Standard	All emergency plans include a statement prohibiting unauthorized disclosure.
8. The facility shall establish written policy and procedures addressing, at a minimum: chain of command, command	Meets Standard	Each of the requirements of this component is included in policy.

**STANDARD 1.1. EMERGENCY PLANS** (Key: A)

This detention standard ensures a safe environment for detainees and employees by establishing contingency plans to quickly and effectively respond to emergency situations and to minimize their severity.

Components	Rating	Remarks (1000 Char Max)
post/center, staff recall, staff assembly, emergency response components, use of force, video recording, records and logs, utility shutoff, employee conduct and responsibility, public relations, facility security, etc.		
9. (SPCs/CDFs) <i>The facility shall set up a primary command post outside the secure perimeter that is equipped as per the Emergency Plan standard.</i>	Meets Standard	At this DIGSA facility, the primary command post is a conference room located outside the secure perimeter. It is equipped as per the emergency plan standard.
10. At least one video camera shall be maintained in the Control Center for use in emergency situations.	Meets Standard	
11. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	Meets Standard	The requirement for emergency medical treatment for employees and detainees during and after an incident is included in the emergency plans.
12. The FSA shall make contingency plans for providing meals to detainees and staff during an emergency, including access to community resources, which the FSA shall negotiate during the planning phase.	Meets Standard	
13. The plan shall include post-emergency procedures.	Meets Standard	Post-emergency procedures are included in the emergency plans.
14. Written procedures cover: <ul style="list-style-type: none"> <li>• Work/Food Strike</li> <li>• Fire</li> <li>• Environmental Hazard</li> <li>• Detainee Transportation System Emergency</li> <li>• ICE-wide Lockdown</li> <li>• Staff Work Stoppage</li> <li>• Disturbances</li> <li>• Escapes</li> <li>• Bomb Threats</li> <li>• Adverse Weather</li> <li>• Internal Searches</li> <li>• Facility Evacuation</li> <li>• Detainee Transportation System Plan</li> <li>• Hostages (Internal)</li> <li>• Civil Disturbances</li> <li>• If needed, other site-specific plans</li> </ul>	Meets Standard	Procedures have been developed for each of the contingencies listed in this component.



**STANDARD 1.1. EMERGENCY PLANS – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

In order to evaluate this standard, a captain and the chief of security were interviewed, and policy and emergency plans were reviewed. The emergency plans are comprehensive and set forth procedures to respond to most emergency situations. Cooperative contingency plans are in place with applicable agencies. Emergency exercises are required by policy to be conducted on each shift monthly. The fire and evacuation plans were approved by the San Bernardino County Deputy Fire Marshal on 06/01/2016.

The chief of security is responsible for developing and implementing emergency contingency plans. All plans comply with standards for confidentiality, accountability, review and revision. Each plan includes procedures for rendering emergency assistance to other facilities in the form of supplies, transportation, and temporary housing, etc. In development of plans, the expertise of all department heads was solicited, and they were made aware of their responsibility to be fully ready to exercise that responsibility under the plan. An accurate inventory of equipment identified for use during implementation of the plan is maintained and reviewed at least weekly to ensure its accuracy.

Emergency plans are updated as often as necessary and forwarded to the OIC for approval. Annual reviews of plans are conducted, with participation from every department head. Annual reviews and approval of the plans are recorded on the master copy of the emergency plans, even if the review resulted in no changes. The chief of security determines where copies of the various plans are to be stored, and in what quantity. A master copy of the plan is maintained in the master control center, the incident command center, an assistant OIC's office and the OIC's office. Emergency plans may be reviewed by staff at the designated areas where plans are located, with safeguards against detainee access. A confidential disk of the emergency plans is located in the headquarters of the parent organization.

General requirements for emergency plans implementation include policy and procedure for alternative means of reaching the facility if the main approach becomes dangerous or inaccessible; how and when staff notify nearby residences of the situation, including type of emergency, actions being taken, evacuation routes if applicable, and special precautions; types of radio equipment to be utilized during the emergency; and where battery charging stations are to be located.

This DIGSA facility has developed plans to quickly and effectively respond to situations and minimize their severity as this standard requires.

**Overall Rating:** Meets Standard**Reviewer Name (Printed)** (b)(6)(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

**STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY** (Key: B)

This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

Components	Rating	Remarks (1000 Char Max)
1. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: <ul style="list-style-type: none"> <li>American Correctional Association,</li> <li>Occupational Safety and Health Administration,</li> <li>Environmental Protection Agency,</li> <li>Food and Drug Administration,</li> <li>National Fire Protection Association's Life Safety Code, and</li> <li>National Center for Disease Control and Prevention.</li> </ul>	Meets Standard	Safety and hygiene conditions are maintained at levels congruent with the expectations of all the bulleted regulatory agencies identified in this component. The facility is accredited by ACA, NCCHC and is inspected annually by the San Bernardino County Fire Department.
2. A housekeeping plan will be developed for detainee living areas noted in the standards. The facility appears clean and well maintained.	Meets Standard	Policy includes a housekeeping plan that has been developed for the detainee living areas. The facility is clean and well maintained.
3. The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	Meets Standard	Policy outlines the procedures for the inventory, issuing, storage, and use of flammable, toxic and caustic materials. Inventory records were observed to be kept current before, during and after each use.
4. The Maintenance Supervisor or facility administrator designee shall compile: <ul style="list-style-type: none"> <li>An up to date master index of all hazardous substances in the facility and their locations;</li> <li>A master file of MSDSs; and</li> <li>A comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).</li> </ul>	Meets Standard	The fire/safety manager (FSM) maintains an up-to-date master index of MSDS forms for all hazardous substances in the facility. The index includes a diagram of the storage locations of these materials and a comprehensive up-to-date listing of emergency phone numbers. To provide staff with 24 hour access, a master index file is also maintained in the medical department. A copy of the MSDS master file has been provided to the local fire department.

**STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY** (Key: B)

This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

Components	Rating	Remarks (1000 Char Max)
5. All personnel using flammable, toxic, and/or caustic substances follow prescribed safety procedures.	Meets Standard	Every individual who uses a hazardous substance is trained in accordance with OSHA standards. Personnel receiving the training are knowledgeable about, and follow, all prescribed safety procedures to include wearing personal protective equipment (PPE) and reporting hazards and spills to the FSM. Eyewash stations were observed throughout the facility and personnel and detainees were instructed in their use. The FSM conducts and documents the weekly inspection of all eyewash stations.
6. The MSDS are readily accessible to staff and detainees in the work areas.	Meets Standard	MSDS binders were observed to be readily accessible to staff and detainees in all work areas using or storing hazardous substances.
7. Hazardous materials are always issued under proper supervision.	Does Not Meet Standard	Chemicals in the laundry were not properly secured. Corrosive chemicals used for the washing machines were readily accessible to detainees assigned to the laundry. Hazardous chemicals used by detainees in other work areas are secured in locked dispensing systems or issued by staff in single use increments.
8. All toxic and caustic materials stored in their original containers in a secure area.	Meets Standard	
9. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	Meets Standard	
10. The facility program will be supervised by a person who has been trained in accordance with OSHA standards.	Meets Standard	The FSM has obtained OSHA certification by completing the OSHA 511 general industry training.
11. <b>PRIORITY:</b> A qualified departmental staff member shall conduct weekly fire and safety inspections.	Meets Standard	The FSM conducts and documents weekly fire and safety inspections.
12. Facility maintenance (safety) staff shall conduct monthly inspections.	Meets Standard	The FSM conducts and documents monthly fire and safety inspections.



**STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY** (Key: B)

This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

Components	Rating	Remarks (1000 Char Max)
13. The facility maintains files of inspection reports, including corrective actions taken.	Meets Standard	Written reports of inspections are forwarded to the OIC for review and corrective action determinations. The FSM maintains inspection reports and records of corrective actions in the safety office. Fire safety deficiencies are promptly addressed.
14. <b>PRIORITY:</b> The facility has an approved fire prevention, control, and evacuation plan.	Meets Standard	The facility has an approved fire prevention, control and evacuation plan. The plan was approved by the County of San Bernardino Fire Department on 06/01/2016.
15. The plan requires: <ul style="list-style-type: none"> <li>• Monthly fire inspections.</li> <li>• Fire protection equipment strategically located throughout the facility.</li> <li>• Public posting of emergency plan with accessible building/room floor plans.</li> <li>• Exit signs and directional arrows.</li> <li>• An area-specific exit diagram conspicuously posted in the diagrammed area.</li> </ul>	Meets Standard	The fire prevention, control and evacuation plan includes all of the bulleted requirements of this component. The plan also includes the control of ignition sources and the control of combustible and flammable fuel loads. The plan describes the provisions for occupant protection from fire and smoke and includes the inspection, testing and maintenance of fire protection equipment. A copy of the plan and any revisions is filed with the local fire authority. Exit diagrams are not written in English, Spanish and the next most prevalent language at the facility. The diagrams include "you are here" markers and emergency equipment locations. However, not all exit diagrams identify and explain areas of safe refuge.

**STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY** (Key: B)

This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

Components	Rating	Remarks (1000 Char Max)
16. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.	Meets Standard	During the last inspection this component was rated as Does Not Meet Standard due to fire drills being scheduled, but not conducted, as required by the standard. Fire drills are conducted and documented quarterly in all facility locations. Drills conducted in areas occupied, or staffed, during non-working hours are scheduled so that employees on each shift participate in an annual drill. Detainees were evacuated except in areas where security and/or patient health could be jeopardized. In these incidents, and where evacuation of detainees was not logistically feasible, the evacuations were simulated. Emergency key drills were not conducted and documented during each fire drill. In drills where the emergency keys were drawn, the drill was not timed as required by the standard.
17. <b>PRIORITY:</b> The facility administrator shall ensure licensed pest-control professionals perform monthly inspections to identify and eradicate rodents, insects and vermin, including a preventative spraying program for indigenous insects.	Meets Standard	Orkin, a licensed pest control professional, provides monthly exterminating services, to include preventative spraying for indigenous pests.
18. At least annually, a state laboratory shall test samples of drinking and wastewater to ensure compliance with applicable Standards.	Meets Standard	Water service is provided by the City of Adelanto. Testing is conducted at least annually, through a contract with Percwater, using the State of California Department of Public Health standards.

**STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY** (Key: B)

This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

Components	Rating	Remarks (1000 Char Max)
19. Emergency power generators are tested as required by emergency plans and manufacturer's recommendations.	Meets Standard	The emergency power generators are tested every two weeks for one hour and load tested quarterly. Mechanical readiness and preventive maintenance is conducted by Cummings (an external generator service company) in accordance with the manufacturer's recommendations.
20. (Medical Operations) Written procedures, to include an exposure-control plan in the event of a needle stick, regulate the handling and disposal of used needles and other sharp objects.	Meets Standard	Policy delineates procedures for standard precautions to include the handling of used needles, sharp objects and the guidelines to follow in the event of an accidental exposure. Items included under this plan are: hypodermic needles and syringes, scalpel blades, glass vials or ampoules containing materials deemed to be infectious, burrs, glass cartridges and lancets. Should an individual become exposed while handling a potentially contaminated sharp object, the individual will be counseled regarding baseline testing for HBV and HIV and referred to their health care source. If the injury involves a person who is a known source of possible infection, that person will also be tested as required. The incident will be reported as an occupational injury and documented in accordance with applicable regulations and laws.
21. (Medical Operations) Standard cleaning practices include: <ul style="list-style-type: none"> <li>Using specified equipment; cleansers; disinfectants and detergents.</li> <li>An established schedule of cleaning and follow-up inspections.</li> </ul>	Meets Standard	An established cleaning schedule is followed using specific approved cleansers. Follow-up is provided as needed.
22. (Medical Operations) Spill kits are readily available.	Meets Standard	Spill kits are maintained in the control center and the medical department.



**STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY** (Key: B)

This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

Components	Rating	Remarks (1000 Char Max)
23. (Medical Operations) A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	Meets Standard	Stericycle, a licensed medical waste contractor disposes of infectious/bio-hazardous waste.
24. (Medical Operations) Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	Meets Standard	All employees are trained in universal precautions during initial orientation training and annually thereafter. There were no instances during the inspection to confirm that the written procedures are followed.
25. (Medical Operations) The Health Services Administrator conducts medical-facility inspections daily.	Meets Standard	
26. The facility administrator designee shall: conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	Meets Standard	The FSM is responsible for performing all of the required duties listed in this component.
27. The facility administrator designee for environmental health is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program.	Meets Standard	The FSM is responsible for developing and implementing policies, procedures and guidelines for the environmental health program.

**STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

A review of policies, interviews with employees and inspection of the physical plant verified that the facility protects employees, volunteers and detainees from injury and illness. High sanitation standards, control of hazardous substances and a sound fire safety program result in environmental health conditions consistent with the standards' expectations. Interviews with both staff and detainees resulted in positive remarks about the facility being a safe place to work and/or be detained.

General cleaning procedures have been developed that include isolation cleaning, terminal cleaning, blood and body fluid clean-up and the selection and use of disinfectants. The red bags that are used for bio-hazardous waste storage are impermeable and specifically designed for that purpose. Infectious waste was clearly labeled, bagged and placed in an impermeable plastic container. All items that pose a security risk, such as sharp instruments, syringes, needles and scissors are inventoried at the completion of each shift by the duty nurse. Sanitation levels were observed to be maintained at a high level during the inspection.

The facility has a fire alarm and detection system that includes an automatic sprinkler system for fire suppression. The system meets all local and national fire safety codes. The facility has a dedicated barbershop for male detainees and dedicated beauty salon for female detainees. Both operations were located in rooms not used for any other purpose and had the necessary equipment for practicing sanitary hair care. Policy and practice ensure that all tools are cleaned and effectively disinfected, to prevent the transfer of infection associated with scalp diseases. Sanitation guidelines were posted in both areas.

**Overall Rating:** (b)(6);(b)(7)(C)

**Reviewer Name:**

**Completion Date:** 10/6/2016

**STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Reviewer Signature (for printed form submission):**

**STANDARD 1.3. TRANSPORTATION (BY LAND)** (Key: C)

This detention standard prevents harm to the general public, detainees, and staff by ensuring that vehicles used for transporting detainees are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.

Standard N/A

Click the above button if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
1. The Facility Administrator shall develop and implement written policy, procedures and guidelines for the transportation of detainees.	N/A	
2. Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	N/A	
3. To be assigned to a bus transporting detainees, an officer must have successfully completed the ICE/ERO bus-driver-training program or a comparable approved training program and all local state requirements for a Commercial Driver's License (CDL).	N/A	
4. Supervisors maintain records for each vehicle operator. This includes certificate of completion from bus training program, most current physical exam used to obtain the CDL, and a copy of the CDL.	N/A	
5. Maximum driving time (time on the road), for CDL operators, is governed by USDOT.	N/A	
6. The transporting officer inspects the vehicle before the start of each detail.	N/A	
7. Positive identification of all detainees being transported is confirmed.	N/A	
8. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	N/A	
9. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	N/A	
10. Vehicles used for transporting detainees include equipment appropriate and necessary for transporting detainees with disabilities and special needs.	N/A	
11. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dietitians utilized by ICE.	N/A	
12. The facility administrator shall establish the procedures and schedule for sanitizing facility vehicles.	N/A	



**STANDARD 1.3. TRANSPORTATION (BY LAND)** (Key: C)

This detention standard prevents harm to the general public, detainees, and staff by ensuring that vehicles used for transporting detainees are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.

Standard N/A

Click the above button if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
13. Personal property of a detainee transferring to another facility: <ul style="list-style-type: none"> <li>Is inventoried.</li> <li>Is inspected.</li> <li>Accompanies the detainee.</li> </ul>	N/A	
14. Except in emergency situations, a single transportation staff member may not transport a single detainee of the opposite gender. Minors shall be separated from unrelated adults at all times during transport and seated in an area of the vehicle near officers and under their close supervision.	N/A	

**STANDARD 1.3. TRANSPORTATION (BY LAND) – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Officers from this facility do not provide transportation services for ICE detainees.

Overall Rating: N/A

(b)(6)(b)(7)(C)

Reviewer Name (Printed)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

## ***Section II: SECURITY***

Admission and Release  
Custody Classification System  
Contraband  
Facility Security and Control  
Funds and Personal Property  
Hold Rooms in Detention Facilities  
Key and Lock Control  
Population Counts  
Post Orders  
Searches of Detainees  
Sexual Abuse and Assault Prevention and Intervention  
Special Management Units  
Staff-Detainee Communication  
Tool Control  
Use of Force and Restraints

<b>STANDARD 2.1. ADMISSION AND RELEASE</b> (Key: D)		
This detention standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.		
<b>Components</b>	<b>Rating</b>	<b>Remarks (1000 Char Max)</b>
1. The facility has implemented written policies and procedures for the intake and reception of newly arrived detainees and provided them with information about facility policies, rules and procedures.	Meets Standard	Detainees are issued the National Detainee Handbook and the local supplement during intake. Detainees are required to sign for receipt of the handbooks. The handbooks describe facility policies, rules and procedures and are available in English and Spanish. Female detainees are processed through intake at this facility. Male detainees are processed at the adjacent facility.
2. At intake, detainees are searched, and their personal property and valuables checked for contraband, inventoried, receipted, and stored.	Meets Standard	Upon arrival, detainees are pat searched. Detainee clothing is inventoried and checked for contraband and stored. Funds are deposited in the detainee's account and receipts for clothing and funds are provided to the detainee.
3. Each detainee's identification documents are secured in the detainee's A-file.	Meets Standard	According to policy, original documents are turned over to an ICE officer for placement in the A-file. The A-file is maintained by ICE personnel.
4. A medical screening will be conducted to protect the health of the detainee and others in the facility, and the detainee shall be given an opportunity to shower and be issued clean clothing, bedding, towels, and personal hygiene items.	Meets Standard	A medical screening is performed by medical personnel. The detainee is given the opportunity to shower and is issued clean clothing, bedding, towels and personal hygiene items.
5. The facility shall comply with applicable federal laws to provide reasonable accommodations for detainees with disabilities and special needs.	Meets Standard	The facility is equipped per the Americans with Disabilities Act. Reasonable accommodations are provided as appropriate.
6. Staff shall not routinely require a detainee to remove clothing or require a detainee to expose private parts of his or her body to search for contraband.	Meets Standard	A detainee is not required to remove clothing or expose private parts of her body during a search for contraband. Strip searches require the approval of the facility administrator and would be documented. There have been no strip searches conducted since the last inspection.



<b>STANDARD 2.1. ADMISSION AND RELEASE</b> (Key: D)		
This detention standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.		
<b>Components</b>	<b>Rating</b>	<b>Remarks (1000 Char Max)</b>
7. Staff shall issue those clothing and bedding items that are appropriate for the facility environment and local weather conditions.	Meets Standard	
8. Staff shall use the documentation accompanying each new arrival for identification and classification purposes. If the classification staff is not ICE/ERO employees ICE/ERO shall provide the information needed for classification. Under no circumstances may non-ICE/ERO personnel have access to the detainees A-File.	Meets Standard	Facility classification officers use the documentation provided by ICE officers for identification and classification purposes. Facility personnel do not have access to A-files.
9. An Order to Detain or Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee.	Meets Standard	
10. <b>PRIORITY:</b> Facilities shall have a method to provide ICE/ERO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand. Following the orientation, staff shall conduct a question-and-answer session.	Meets Standard	Detainees are provided an orientation to the facility that includes viewing an orientation video while in intake and receiving the National Detainee Handbook and the local handbook. Bilingual staff members are available, as well as the telephonically based language interpretive services line to address detainee questions regarding the orientation or other facility information. Additionally, the orientation video is shown in the housing units during every count. According to the classification officer, detainees may ask questions of staff members during the intake process.
11. The facility shall issue to each newly admitted detainee a copy of the ICE National Detainee Handbook and local supplement that fully describes all policies, procedures, and rules in effect at the facility. The handbook and supplement shall be in English and Spanish.	Meets Standard	Detainees are issued the National Detainee Handbook and the local handbook, which fully describe all policies, procedures, and rules. The handbooks are available in English and Spanish.
12. All releases are coordinated with ICE.	Meets Standard	
13. Staff complete paperwork/forms for release as required.	Meets Standard	Facility employees complete the required paperwork/forms for release. Documentation was observed in the archived detention files.

<b>STANDARD 2.1. ADMISSION AND RELEASE</b> (Key: D)		
This detention standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.		
<b>Components</b>	<b>Rating</b>	<b>Remarks (1000 Char Max)</b>
14. The facility returns each detainee's property upon release, and each detainee receives a receipt for personal property secured by the facility.	Meets Standard	
15. <b>PRIORITY:</b> The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	Meets Standard	A paper detention file and an electronic file in the GEOTrack jail management system are created for each detainee upon admission to the facility. Thirty-three active and inactive files were reviewed. Each detention file contained admission, orientation and release documentation.
16. <b>PRIORITY:</b> The time, point and manner of release from a facility shall be consistent with safety considerations and shall take into account special vulnerabilities.  Facilities that are not within a reasonable walking distance of, or that are more than one mile from, public transportation shall transport detainees to local bus/train/subway stations prior to the time the last bus/train leaves such stations for the day. If public transportation is within walking distance of the detention facility, detainees shall be provided with an information sheet that gives directions to and describes the types of transportation services available.	Meets Standard	All of the elements of this component are documented in policy and confirmed with practice.
17. Facilities must provide transportation for any detainee who is not reasonably able to walk to public transportation due to age, disability, illness, mental health or other vulnerability, or as a result of weather or other environmental conditions at the time of release that may endanger the health or safety of the detainee.	Meets Standard	Facility personnel or ICE officers will provide transportation for any detainee who is unable to walk or if weather or other environmental conditions endanger the health or safety of the detainee.
18. Prior to release, the detainee shall be notified of the upcoming release and provided an opportunity to make a free phone call to facilitate release arrangements.	Meets Standard	Detainees are provided an opportunity to make a free call to facilitate release arrangements.
19. Detainees will be provided with a list of legal, medical, and social services that are available in the release community, and a list of shelter services available in the immediate area along with directions to each shelter.	Meets Standard	Detainees are provided with a local assistance services pamphlet upon release. A list of shelters and directions to each shelter are provided when necessary.
20. Detainees will be released with one set of non-institutionalized, weather-appropriate clothing.	Meets Standard	

**STANDARD 2.1. ADMISSION AND RELEASE – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**STANDARD 2.1. ADMISSION AND RELEASE – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Detainees are pat searched upon intake. Policy requires that if reasonable suspicion warrants a strip search to detect contraband, prior written approval of the warden must be obtained. The search will take place in an area that affords a reasonable degree of privacy. All strip searches must be documented. Before strip searching a detainee, an officer must first attempt to resolve suspicions through less intrusive means. Policy requires that medical personnel be present to observe the strip search of a transgender detainee. There have been no strip searches conducted in the last year.

Staff members are provided with adequate training on the intake process. Detainees are provided at least one free telephone call during the admission process. Detainees are permitted to change clothing in a private area. A staff member of the same gender is present immediately outside the change room to maintain security and be responsive, if necessary.

A review of policy, intake and release documents, and handbook content; observation of the intake area and its processes; observation of detainees being admitted and released; observation of release clothing; and interviews with the intake officers, the classification officers and detainees revealed the community, detainees, staff, volunteers and contractors are protected by ensuring secure and orderly operations when detainees are admitted and released from the facility.

**Overall Rating:** Meets Standard**Reviewer Name (Printed):** (b)(6),(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**



**STANDARD 2.2. CUSTODY CLASSIFICATION SYSTEM** (Key: E)

This detention standard protects detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees based on verifiable and documented data.

Components	Rating	Remarks (1000 Char Max)
1. <b>PRIORITY:</b> Each facility shall develop and implement a system for classifying detainees in accordance with This detention standard. Facilities may rely on the ICE Custody Classification Worksheet, adopt the ICE custody classification recommendation generated by an ICE Field Office when one is provided, or use a similar locally established classification system (subject to ICE/ERO approval), as long as the classification criteria are objective and uniformly applied, and all procedures meet ICE/ERO requirements.	Meets Standard	Detainees are classified by facility personnel using the custody classification worksheet. Intake officers review the information provided on Forms I-203 and I-213 to identify detainees and determine the appropriate housing location. The classification criteria are objective and uniformly applied.
2. Staff shall reference facts and other objective, credible evidence documented in the detainee's A-file, ICE automated records systems, criminal history checks, work-folders, or other objective sources of information during the classification process.  The classification process includes reassessment/reclassification.	Meets Standard	Facility personnel use forms I-203, I-213 and I-216 which are provided by ICE. They do not have access to work folders or A-files. The classification process includes reassessment/reclassification sixty days after the initial classification.
3. <i>(SPCs/CDFs/DIGSAs) The custody classification recommendation generated by an ICE Field Office, when one is provided, or the point total from the ICE Custody Classification Worksheet, will determine the classification level of each detainee.</i>	Meets Standard	At this DIGSA facility, classification officers use the custody classification worksheet point total to determine the classification level of each detainee.
4. The facility classification system includes: Classifying detainees upon arrival.  <ul style="list-style-type: none"> <li>Separating individuals who cannot be classified upon arrival from the general population.</li> <li>The first-line supervisor or classification supervisor reviews every classification decision.</li> </ul>	Meets Standard	
5. Special consideration shall be given to any factor that would raise the risk of vulnerability, victimization or assault. Detainees who may be at risk of victimization or assault include, but are not limited to, persons who are transgendered, elderly, pregnant, physically disabled, suffering from a serious medical or mental illness, and victims of torture, trafficking, abuse, or other crimes of violence.	Meets Standard	Policy addresses the requirements of this component.
6. At facilities where applicable, detainees are assigned color-coded uniforms, wristbands, or other means of custody identification to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.	Meets Standard	At this DIGSA facility, detainees are issued color-coded uniforms and wristbands to reflect their classification level.

**STANDARD 2.2. CUSTODY CLASSIFICATION SYSTEM** (Key: E)

This detention standard protects detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees based on verifiable and documented data.

Components	Rating	Remarks (1000 Char Max)
7. <b>PRIORITY:</b> Housing assignments are based on classification-level. Low custody detainees may not be commingled with high custody.	Meets Standard	Housing assignments are based on classification levels. Low custody detainees are not commingled with high custody.
8. <b>PRIORITY:</b> Low custody detainees may not have convictions that included an act of physical violence, or any history of assaultive behavior, and may not be housed with any medium custody detainee with a history of assaultive or combative behavior.	Meets Standard	Policy requires that detainees who have convictions that include an act of physical violence or any history of assaultive behavior may not be classified as low custody. Per policy, a low custody detainee may not be housed with a medium custody detainee with a history of assaultive or combative behavior.
9. Detainee work assignments are based upon classification designations.	Meets Standard	High custody detainees are not permitted to work outside their assigned housing unit. Low and medium custody detainees may be assigned jobs outside of their housing units.
10. The classification process includes reassessment/reclassification. The first reassessment is to be completed 60 days to 90 days after the initial assessment.	Meets Standard	A reassessment is conducted sixty to ninety days after the initial classification assessment.
11. Subsequent classification reassessments are completed at 90 day to 120 day intervals. Special reassessments are completed within 24 hours before a detainee leaves the Special Management Unit, and at any other time when additional, relevant information becomes known.	Meets Standard	Subsequent reassessments will be completed every 90 to 120 days thereafter. Special reassessments are completed within 24 hours before detainees leave the special management unit.
12. The facility classification system shall include procedures for detainees to appeal their classification levels. Classification decisions, along with information on the appeal process, should be provided to the detainee in a language or manner understood by the detainee.	Meets Standard	Policy addresses the requirements of this component. The handbook describes the procedure to follow when requesting a classification level review. Classification information is provided in a language or manner understood by the detainee.
13. The Detainee Handbook explains the classification levels, with the conditions and restrictions applicable to each, and the procedures by which a detainee may appeal his or her classification.	Meets Standard	The classification and appeal processes are fully explained in the facility handbook.



**STANDARD 2.2. CLASSIFICATION SYSTEM – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

A review of policy, detention files, classification forms, and the local handbook; and interviews with the chief of security and intake officers revealed the community, staff, contractors, volunteers and detainees are protected from harm by a documented and formal classification process that manages and separates detainees into compatible categories. Classification is based on verifiable and documented data.

The classification system ensures that detainees are placed and remain in the appropriate category and physically separated from detainees with non-compatible classification levels. Low custody detainees wear blue uniforms. Medium custody detainees wear orange uniforms and high custody detainees wear red uniforms. All staff members assigned to classification duties are adequately trained in the classification process. The training module was reviewed by the inspector.

Detainees are processed for housing assignments within twelve hours of arrival at the facility. According to the chief of security, detainees are routinely assigned a housing unit within four to six hours. If the process takes longer, documentation is maintained as to what delayed the process. There have been no detainees in the intake unit for longer than twelve hours during this inspection period.

High custody detainees are considered a high-risk category and are assigned to high security housing. According to the captain, high custody detainees are always monitored and escorted.

**Overall Rating:** Meets Standard**Reviewer Name (Print)** (b)(6) (b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**



**STANDARD 2.3. CONTRABAND** (Key: F)

This detention standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.

Components	Rating	Remarks (1000 Char Max)
1. <b>PRIORITY:</b> The facility follows a written procedure for handling contraband, including the detection, seizure of contraband, disputed ownership, detainee or government property defined as contraband, and the preservation, inventory, and storage of contraband as evidence of a crime.	Meets Standard	Policy includes procedures that address all of the requirements of this component.
2. Contraband is retained as evidence for potential disciplinary action or criminal prosecution.	Meets Standard	Policy includes procedures regarding how contraband is retained as evidence for potential disciplinary action or criminal prosecution.
3. Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	Meets Standard	The OIC or his designee, usually a shift supervisor, contacts the chaplain before confiscating religious items.
4. Facilities with canine units only use them for contraband detection and not in the presence of ICE detainees.	Meets Standard	
5. Detainees receive notification of contraband rules and procedures in the Detainee Handbook.	Meets Standard	The detainee handbook includes contraband rules and procedures.

**STANDARD 2.3. CONTRABAND – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility has procedures in place for identifying, detecting, controlling and properly disposing of contraband. In evaluating this standard, the chief of security and a shift supervisor were interviewed and policy and contraband logs were reviewed.

A detainee found in possession of hard contraband could face disciplinary action or criminal prosecution. Narcotics and other controlled substances not dispensed or approved by the medical department, is defined to be hard contraband; and medication dispensed or approved by the medical department is hard contraband if found in the possession of a detainee for whom it was not prescribed, or if not used as prescribed.

The OIC or designee determines when personal property items are excessive and arranges for the detainee to pay the shipping cost to a third party of his/her choosing. If the detainee cannot afford postage, the facility will pay the shipping costs. Excess property is disposed of in accordance with policy, after providing the detainee with written notice of the intent to destroy the property and how to prevent that outcome. When the OIC determines an item of contraband is to be destroyed, documentation is prepared describing the item to be destroyed and why. If authorized excess legal materials are creating a fire hazard, the facility provides an alternative storage area accessible to the detainee.

Employees seize all hard and soft contraband. In disciplinary contraband cases, the OIC defers the decision to destroy property until the disciplinary case is resolved and appeals satisfied. At least two employees document in writing that they witnessed the destruction of detainee contraband property and place a copy of the property disposal record in the detainee's detention file. Contraband that is government property is retained as evidence for possible disciplinary action or criminal prosecution, after which it is returned to the issuing authority. There have been no hard contraband items found during this inspection period.

STANDARD 2.3. CONTRABAND – Reviewer Summary	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
Overall Rating: Meets Standard	
Reviewer Name (Printed) (b)(6),(b)(7)(C)	Completion Date: 10/6/2016
Reviewer Signature (for printed form submission):	

**STANDARD 2.4. FACILITY SECURITY AND CONTROL** (Key: G)

This detention standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and events which pose risk of harm are prevented.

Components	Rating	Remarks (1000 Char Max)
1. At least one male and one female staff member are on duty at all times where both males and females are housed.	Meets Standard	
2. Comprehensive annual staffing analysis determines staffing needs and plans and is reviewed and updated annually.	Meets Standard	The OIC determines staffing needs based on a comprehensive staffing analysis and staffing plan that is reviewed and updated at least annually.
3. Essential posts and positions are filled with qualified personnel.	Meets Standard	The chief of security and a captain confirmed that essential posts and positions are filled with qualified personnel.
4. <i>(SPCs/CDFs/DIGSAs) Detainees do not have access to the Control Center.</i>	Meets Standard	At this DIGSA facility, policy prohibits detainees from having access to the control center.
5. Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	Meets Standard	
6. <i>(SPCs/CDFs/DIGSAs) The facility administrator shall establish procedures to implement the following Control Center requirements: Round-the clock communications; Maintenance of a list of the current home and cellphone number of every staff member assigned to the facility, including administrative/support services staff, Situation Response Teams (SRTs), Hostage Negotiation Teams (HNTs), and applicable law enforcement agencies. Watch calls (officer safety checks) to the Control Center by all staff ordinarily shall occur every half-hour between 6:00 P.M. and 6:00 A.M. Individual facility policy may designate another post to conduct watch calls. Any exception for staff to not make watch calls as described requires approval of the facility administrator.</i>	Meets Standard	At this DIGSA facility, the control center provides round-the-clock communications. The communications center maintains a list of the current home and/or cell phone numbers for every employee required by this component. Policy requires officers to make half-hour watch calls between 6:00 p.m. and 6:00 a.m. Documentation is maintained to confirm that these watch calls are made to the control center.
7. The front-entrance officer checks the identification of everyone entering or exiting the facility.	Meets Standard	Policy requires that the front entrance officer check the identification of everyone entering or exiting the facility.
8. All visits are officially recorded in a visitor logbook.	Meets Standard	
9. The facility has a secure visitor pass system.	Meets Standard	
10. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	Meets Standard	



**STANDARD 2.4. FACILITY SECURITY AND CONTROL** (Key: G)

This detention standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and events which pose risk of harm are prevented.

Components	Rating	Remarks (1000 Char Max)
11. (SPCs/CDFs/DIGSAs) Housing unit Post Orders in SPCs and CDFs shall follow the event schedule format, for example, "0515 Lights on" and shall direct the assigned officer to maintain a unit log of pertinent information regarding detainee activity. The shift supervisor shall visit each housing area and initial the log on each shift at least once per tour.	Meets Standard	At this DIGSA facility, the housing unit officers are required to maintain a unit log and follow the event schedule format in documenting pertinent information regarding detainee activity. The shift supervisor visits each housing area and initials the log on each shift.
12. Security officer posts shall be located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations.	Meets Standard	Security officer posts are located inside each of the detainee living areas to permit officers to see or hear and respond promptly to emergency situations.
13. Detainee movement from one area to another area is controlled by staff.	Meets Standard	Detainee movement from one area to another area is controlled by officers.
14. <b>PRIORITY:</b> No detainee may ever be given authority over, or be permitted to exert control over, any other detainee.	Meets Standard	The general emergency plan states that detainees will not have authority to impose their will or exert control over another detainee.
15. The facility administrator, designated assistant facility administrator, security supervisors, and others designated by the facility administrator shall be required to visit all housing units at least weekly to observe living conditions and interact informally with detainees.	Meets Standard	Policy includes a list of specific supervisory employees and others that must visit all housing units at least weekly. A review of documentation confirmed that this practice is consistent with this policy.
16. The facility has a comprehensive security inspection policy.	Meets Standard	
17. Documentation of security inspections is kept on file.	Meets Standard	
18. Daily procedures include: <ul style="list-style-type: none"> <li>Perimeter alarm system tests.</li> <li>Physical checks of the perimeter fence.</li> <li>Documenting the results.</li> </ul>	Meets Standard	(b)(7)(E)

**STANDARD 2.4. FACILITY SECURITY AND CONTROL – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**STANDARD 2.4. FACILITY SECURITY AND CONTROL – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

The facility has inspection and search policy and procedures in place to protect the community, employees, contractors, volunteers and detainees from harm by ensuring security is maintained. In evaluating this standard, the chief of security, captain and control center officers were interviewed; policy and inspection logs were reviewed; and central control and housing unit operations were inspected. All inspections are documented.

The housing areas were inspected and detainees were interviewed during this inspection. This inspector heard no complaints about food service or medical care and the detainees related that they felt safe at this facility. The housing officers were neatly groomed, attentive, approachable and responsive to detainee needs. The housing units were quiet, clean and in good repair.

Central control monitors all vehicular traffic entering and leaving the facility. Prior to permitting entry, the perimeter officer checks the driver's license of the driver entering into the facility and logs the following information on every vehicle: tag number, driver's name, firm represented, vehicle contents, date, time in, time out, and employee responsible for the vehicle while on-site. A utility officer is called to search the vehicle before it enters or leaves the facility. All drivers making deliveries must submit to questioning about items considered contraband.

The facility has written policy and procedure for searching housing units. All housing unit searches are documented in a log. Officers conduct irregular searches of utility areas at least once each shift and document the results.

**Overall Rating:** Meets Standard**Reviewer Name (Printed)** (b)(6),(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

**STANDARD 2.5. FUNDS AND PERSONAL PROPERTY** (Key: H)

This detention standard ensures that detainees' personal property, including funds, valuables, baggage and other personal property, is safeguarded and controlled, and that contraband does not enter a detention facility.

Standard N/A

Click the button above (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
<p>1. All detention facilities are required to have written policies and procedures to:</p> <ul style="list-style-type: none"> <li>Account for and safeguard detainee property from time of admission until date of release;</li> <li>Inventory and receipt detainee funds and valuables;</li> <li>Inventory and receipt detainee baggage and personal property (other than funds and valuables);</li> <li>Inventory and audit detainee funds, valuables and personal property;</li> <li>Return funds, valuables and personal property to detainees being transferred or release; and</li> <li>Provide a way for a detainee to report missing or damaged property.</li> </ul>	Meets Standard	Female detainees are processed through intake at this facility. Male detainees are processed at an adjacent facility. Written policies and procedures are in place for bulleted component requirements.
<p>2. All facilities, at a minimum shall provide:</p> <ul style="list-style-type: none"> <li>A secured locker for holding large valuables, that can be accessed only by designated supervisor(s); and</li> <li>A baggage and property storage area that is secured when not attended by assigned admissions processing staff.</li> </ul>	Meets Standard	A secured space is provided for large valuables. Access to valuables is restricted to authorized supervisors and command staff. Baggage and personal property is secured in a storage area that is secured when not attended by processing personnel.
<p>3. The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property.</p>	Meets Standard	Procedures concerning personal property are addressed in the local handbook.
<p>4. At admission, staff search and inventory detainee property only in the presence of the detainee, unless instructed otherwise by the facility administrator.</p>	Meets Standard	
<p>5. The facility administrator shall establish whether and, how much cash each detainee may have in personal possession while in detention.</p>	Meets Standard	Detainees are not authorized to keep cash in their personal possession,
<p>6. Identity documents, such as passports, birth certificates, are held in each detainee's A-file but, upon request, staff shall provide the detainee a copy of a document, certified by an ICE/ERO official to be a true and correct copy.</p>	Meets Standard	Identity documents are held in each detainee's A-file. Upon request, ICE personnel provide detainees with copies that are certified to be true and correct.



**STANDARD 2.5. FUNDS AND PERSONAL PROPERTY** (Key: H)

This detention standard ensures that detainees' personal property, including funds, valuables, baggage and other personal property, is safeguarded and controlled, and that contraband does not enter a detention facility.

Standard N/A

Click the button above (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
7. Every housing area shall have lockers or other securable space for storing detainees' authorized personal property. The amount of storage space shall correspond to the number of detainees assigned to that housing area.	Does Not Meet Standard	During the last inspection this component was rated as Does Not Meet Standard because each detainee is not provided a securable container in which to store their authorized personal property. Detainees do not have a securable space for storing authorized personal property. The locks needed to secure each detainee's personal property tote were issued; however, management decided that the safety and security concerns of detainees possessing the locks exceeded the benefit of providing them. This is a repeat deficiency.
8. (SPCs/CDFs/DIGSAs) Property discrepancies are immediately reported to the Chief of Security or equivalent.	Meets Standard	Property discrepancies are immediately reported to the chief of security.
9. <b>PRIORITY:</b> Procedure ensures that: <ul style="list-style-type: none"> <li>• Detainee funds and small and large valuables are placed in a secure location;</li> <li>• Medical staff determine the disposition of all medicine accompanying an arriving detainee;</li> <li>• Detainees are able to keep a reasonable amount of personal property in their possession, provided it poses no threat to detainee safety or facility security; and</li> <li>• Facilities return funds and valuables to detainees being transferred or released.</li> </ul>	Meets Standard	Detainee funds and valuables are securely stored and a review of procedures indicated that detainee property is properly inventoried and receipts are generated. Policy requires that medical personnel determine the disposition of all medicine confiscated during admissions. Detainees are able to keep a reasonable amount of personal property in their possession, provided that it does not pose a threat to facility security. Procedures are in place to return funds and valuables to detainees upon release.

**STANDARD 2.5. FUNDS AND PERSONAL PROPERTY** (Key: H)

This detention standard ensures that detainees' personal property, including funds, valuables, baggage and other personal property, is safeguarded and controlled, and that contraband does not enter a detention facility.

Standard N/A

Click the button above (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
10. For recordkeeping and accounting purposes, use of the G-589 Property Receipt form is mandatory to inventory any funds removed from a detainee's possession, and a separate form G-589 is required for each kind of currency and negotiable instrument.	Meets Standard	G-589 property receipts are utilized for the inventory and receipt of funds. Policy states that for a detainee with more than one kind of negotiable instrument, the officers will prepare as many G-589s as necessary to list separately, by category, all checks, all money orders, each additional category of negotiable instrument, and each foreign currency.
11. (SPCs/CDFs/DIGSAs) The supervisory security officer or equivalent shall remove the contents of the drop safe during his or her shift and initial the G-589 accountability log. The supervisor shall: <ul style="list-style-type: none"> <li>• Verify the correctness of all G-589s or equivalents;</li> <li>• Record the amount of cash and describe each item in the supervisors' property log; and</li> <li>• Verify the proper disposition of funds and valuables by checking the sealed envelopes in the cash box, the property envelopes in the safe, and the safekeeping of all large valuables in the designated secured locked area.</li> </ul>	Meets Standard	During the last inspection this component was rated as Does Not Meet Standard due to the contents of the drop safe not being removed each shift by a supervisor to verify the correctness of all the G-589s in the safe. A review of logbooks and interviews with intake personnel indicated that the contents of the drop-safe are removed and verified by the detainee accounts supervisor during their shift. All of the bulleted requirements of this component are met.
12. (SPCs/CDFs/DIGSAs) The Facility Administrator has established quarterly audits of baggage and non-valuable property.	Meets Standard	Policy requires that audits of baggage and non-valuable property are conducted monthly.
13. All facilities shall report and turn over to ICE/ERO all detainee abandoned property.	Meets Standard	



**STANDARD 2.5. FUNDS AND PERSONAL PROPERTY** (Key: H)

This detention standard ensures that detainees' personal property, including funds, valuables, baggage and other personal property, is safeguarded and controlled, and that contraband does not enter a detention facility.

Standard N/A

Click the button above (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
14. <b>PRIORITY:</b> Facilities have and follow procedures for reporting and investigating incidents of detainee property loss or damage, and for reimbursing detainees for all validated property losses caused by facility negligence. The senior contract officer immediately notifies the designated ICE/ERO officer of all claims and outcomes.	Meets Standard	If the property is not recovered or is recovered, but in damaged condition, staff will complete form I-387 Report of Detainee Missing Property, as well as a general incident report. ICE is notified of all claims and outcomes and a copy of the completed Form I-387 is forwarded to ICE.

**STANDARD 2.5. FUNDS AND PERSONAL PROPERTY – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility has policy and procedures in place to ensure that detainee funds, valuables and property are properly safeguarded and that contraband does not enter the facility. The handbook informs detainees of policies and procedures concerning funds and personal property. A commissary is available for detainees to purchase an assortment of items. Each detainee is permitted to keep, in their possession, reasonable quantities of personal property if the particular items do not pose a threat to the security or good order of the facility. To prevent overcrowding and related storage problems, the facility allows detainees to send extra property to a third party of his/her choosing. If property is shipped during the detainee's stay, staff will inventory and maintain a record of the detainee's property being shipped from the facility, with a copy of the record being placed in the detainee's detention file. A review of the handling of funds from surrender to issue was conducted. Detainee funds are properly inventoried and documented on a G-589 form and posted to the detainee's commissary account. The safe and large property locker are not kept in the shift supervisor's office or otherwise secured in an area accessible only to the shift supervisor.

**Overall Rating:** Meets Standard

**Reviewer Name (Print)** (b)(6);(b)(7)(C)

**Completion Date:** 10/6/2016

**Reviewer Signature (for printed form submission):**



**STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES** (Key: I)

This detention standard ensures the safety, security, and comfort of detainees temporarily held in hold rooms while awaiting further processing. An individual may not be confined in a facility's hold room for more than 12 hours.

Components	Rating	Remarks (1000 Char Max)
1. <i>(SPCs/CDFs/DIGSAs constructed after 1999) Each Hold Room shall contain sufficient seating for the maximum room-capacity but shall contain no moveable furniture.</i>	Meets Standard	This DIGSA facility was constructed in 1991. Each hold room contains sufficient seating for the maximum room-capacity. None of the hold rooms have moveable furniture.
2. <i>(SPCs/CDFs/DIGSAs constructed after 1999) Each Hold Room shall be equipped with stainless steel, combination lavatory/toilet fixtures with modesty panels, in compliance with the Americans with Disabilities Act of 1990.</i>	Meets Standard	In this DIGSA facility, each hold room is equipped with stainless steel combination lavatory/toilet fixtures, with modesty panels, that are compliant with the Americans with Disabilities Act of 1990.
3. Each hold room shall be well-ventilated and well-lit. Detainees shall have access to potable water in hold rooms.	Meets Standard	
4. <b>PRIORITY:</b> Detainees are not held in hold rooms for more than 12 hours.	Meets Standard	Detainees are not held in hold rooms for more than twelve hours.
5. Male and females detainees are segregated from each other at all times.	Meets Standard	Only female detainees are processed through this hold room area.
6. Unaccompanied minors (under 18) and parent(s) or legal guardians accompanied by minor children shall not be placed in Hold Rooms, unless they have shown or threatened violent behavior, have a history of criminal activity, or have given staff reasonable grounds to expect an escape attempt.	Meets Standard	Unaccompanied minors are never placed in hold rooms. Minors are not housed at this facility.
7. Persons exempt from placement in a Hold Room due to obvious illness, special medical, physical and or psychological needs, or other documented reasons shall be seated in an appropriate area designated by the facility administrator outside the Hold Room, or in separate rooms, under direct supervision and control, barring an emergency.	Meets Standard	Any time a detainee with obvious illness, special medical, physical and/or psychological needs or other documented reasons is received at the facility, medical personnel are consulted. Detainees with apparent disabilities are housed in accordance with the instructions provided by medical personnel.
8. To the extent practicable in a hold room situation, detainees with known or readily apparent disabilities, including temporary disabilities, shall be housed in manner that accommodates their mental and/or physical condition(s) and provides for their safety, comfort and security.	Meets Standard	Medical personnel are consulted and detainees with apparent disabilities, including temporary disabilities, are housed in accordance with the instructions provided.

**STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES** (Key: I)

This detention standard ensures the safety, security, and comfort of detainees temporarily held in hold rooms while awaiting further processing. An individual may not be confined in a facility's hold room for more than 12 hours.

Components	Rating	Remarks (1000 Char Max)
9. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	Meets Standard	
10. If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.	Meets Standard	Each of the hold rooms is equipped with toilet facilities, allowing access on a regular basis.
11. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	Meets Standard	Detainees are given a pat search for weapons or contraband before being placed in a hold room.
12. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	Meets Standard	
13. Each detention facility maintains a detention log for each detainee placed in a hold cell.	Meets Standard	A detention log is maintained for each detainee placed in a hold room.
14. Officers provide a meal to any detainee detained in a hold room for more than six hours. Pregnant women have access to snacks, milk or juice.	Meets Standard	Officers provide a meal to any detainee detained in a hold room for more than six hours. Pregnant detainees have access to snacks, milk or juice.
15. Staff shall ensure that sanitation, temperatures and humidity in Hold Rooms are maintained at acceptable and comfortable levels. Pregnant women and others with evident medical needs will have temporary access to temperature appropriate clothing and blankets.	Meets Standard	Sanitation, temperatures and humidity in hold rooms are maintained at acceptable and comfortable levels and detainees with evident medical needs have temporary access to temperature-appropriate clothing and blankets.
16. <b>PRIORITY:</b> Officers closely supervise hold rooms through direct supervision, to ensure: <ul style="list-style-type: none"> <li>Continuous auditory monitoring,</li> <li>Visual monitoring at irregular intervals at least every 15 minutes,</li> <li>Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors.</li> </ul>	Meets Standard	Officers provide direct supervision of the hold rooms to ensure practice includes the requirements listed in this component. The hold rooms are also equipped with cameras that are monitored by central control.
17. The maximum occupancy for the hold room will be posted.	Meets Standard	The maximum occupancy is posted for each hold room.
18. When the last detainee has been removed, officers shall ensure the Hold Room is thoroughly cleaned and inspected.	Meets Standard	



**STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES** (Key: I)

This detention standard ensures the safety, security, and comfort of detainees temporarily held in hold rooms while awaiting further processing. An individual may not be confined in a facility's hold room for more than 12 hours.

Components	Rating	Remarks (1000 Char Max)
19. (SPCs/CDFs/DIGSAs) Evacuation procedures shall include posting the evacuation map and advance designation of the officer responsible for removing detainees from the Hold Room(s) in case of fire and/or building evacuation.	Meets Standard	At this DIGSA facility, an evacuation map is posted in various locations in the hold room area. In case of fire and/or building evacuation, the intake officers are responsible for removing detainees from all hold rooms.

**STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Policy and procedures are in place to ensure the safety, security and comfort of female detainees while temporarily held in hold rooms during intake and transfer from the facility. To evaluate this standard, intake personnel were interviewed, policy and logs were reviewed, and hold rooms were inspected. The log books maintained in this area confirmed that detainees are never held in the hold rooms for longer than twelve hours.

Hold rooms are situated within the secure perimeter of the facility and they are well ventilated and well lighted. All activating switches are located outside the room(s). Bunks, cots beds and other sleeping apparatuses were not observed in the hold rooms. Hold rooms are escape and tamper resistant. Each hold room has two-inch thick, detention-grade, 14-gauge steel doors that swing outward, with 14-gauge steel doorframes grouted into the surrounding wall. The solid doors are equipped with security glass that meets or exceeds the impact-resistant standard of glass-clad polycarbonate laminate for convenient visual checks.

Procedures do not allow an officer to enter a hold room unless another officer is outside the door, ready to respond if needed. Officers assigned to this area immediately contact medical emergency service when a detainee appears to be in need of urgent medical treatment. Detainees are offered a meal upon arrival and at regular mealtimes. Detainees processed into or out of this facility are placed in hold rooms and managed as this standard requires.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed):**

(b)(6), (b)(7)(C)

**Completion Date:** 10/6/2016

**Reviewer Signature (for printed form submission):**



**STANDARD 2.7. KEY AND LOCK CONTROL** (Key: J)

This detention standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.

Components	Rating	Remarks (1000 Char Max)
1. All staff shall be trained and held responsible for adhering to proper procedures for the care and handling of keys, including electronic key pads where they are used. Initial training shall be accomplished before staff is issued keys, and key control shall be among the topics covered in subsequent annual training.	Meets Standard	A review of policy and an interview with the security officer responsible for keys and locks confirmed that all employees are trained and held responsible for adhering to proper procedures for the care and handling of keys and key pads. Initial training must be completed before an employee is issued keys. Key control is among the topics covered in subsequent annual training.
2. Each facility administrator shall establish the position of Security Officer, or at a minimum, assign a staff member the collateral security officer. The Security Officer shall have a written position description that includes duties, responsibilities, and chain of command.	Meets Standard	The OIC has designated the armory sergeant as the security officer or key control officer. The security officer has a written position description that includes duties, responsibilities and chain of command.
3. <i>(SPCs/CDFs) The Security Officer is responsible for all administrative duties, including recordkeeping, concerning keys, locks, and related security equipment.</i>	Meets Standard	At this DIGSA facility, the security officer is responsible for all administrative duties, including recordkeeping of keys, locks and related security equipment.
4. The Security Officer shall train and direct employees in key control, including electronic key pads where they are used.	Meets Standard	
5. The facility maintains inventories of all keys, locks and locking devices.	Meets Standard	A review of documentation confirmed that inventories of keys, locks and locking devices are maintained.
6. Facility policies and procedures address the issue of compromised keys, locks, and to ensure safe combination integrity.	Meets Standard	Policy includes specific procedures that address the issue of compromised keys, locks and safe combination integrity.
7. Either deadbolts or deadlocks shall be used in detainee-accessible areas. Grand master-keying systems are not authorized. A master-keying system may be used only in housing units where detainees have individual room keys.	Meets Standard	
8. The security key control officer shall implement a preventive maintenance program. The security key control officer shall maintain all preventive maintenance records.	Meets Standard	There is a preventive maintenance program and the security officer maintains documentation of that program.

**STANDARD 2.7. KEY AND LOCK CONTROL** (Key: J)

This detention standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.

Components	Rating	Remarks (1000 Char Max)
9. The Security Officer shall implement procedures for identifying every key ring and every key on each key ring, and for preventing keys from being removed from key rings, once issued.	Meets Standard	An examination of key rings confirmed that key rings and every key on each key ring are identified. Key rings are secured to prevent keys from being removed from the rings.
10. Emergency keys shall be on hand for every area to or from which entry or exit might be necessary in an emergency.	Meets Standard	A set of emergency keys, with keys to every area to or from which entry or exit might be necessary in an emergency, is maintained in the control center.
11. The facility has a written policy and implementation procedures to ensure key accountability. Facilities shall use standard system for the issuance and accountability of key rings.	Meets Standard	The KeyWatcher system is used for the storage and issuance of keys. The system can provide immediate accountability for all key rings. All of the keys in this electronic key control system are counted daily by a third shift officer.
12. The facility administrator shall establish rules and procedures for authorizing use of restricted keys.	Meets Standard	
13. Pharmacy keys shall be strictly controlled.	Meets Standard	
14. Keys to ICE and EOIR (Executive Office for Immigration Review) office and courtroom areas shall similarly be restricted and controlled. If a key is authorized for emergency withdrawal, a copy of the Restricted Key form is to be provided to ICE.	Meets Standard	Keys to the ICE offices are maintained in a separate KeyWatcher cabinet which is located next to the ICE offices. These keys can only be accessed by ICE personnel. Facility employees do not have access to these keys.
15. Officers shall store all their weapons in individual lockers before entering the facility. The facility administrator shall develop and implement site-specific procedures for controlling gun-locker access.	Meets Standard	

**STANDARD 2.7. KEY AND LOCK CONTROL – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The key control system is efficient, accountable and well maintained. In evaluating this standard, the chief of security and armory sergeant were interviewed, key control policy was reviewed, and key and lock operations were observed. The facility uses an electronic key control system and all key rings can be accounted for immediately. All of the keys in the electronic system are physically counted on third shift. Access to the electronic system can only be made with individual codes, and keys can only be drawn for those employees to whom they are assigned.

Key ring changes are only made after written approval from the OIC or the chief of security. Only the key control officer may add or remove a key from a ring. The splitting of key rings into separate rings is not permitted. Detainees are prohibited from

**STANDARD 2.7. KEY AND LOCK CONTROL – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)*

handling facility keys. Policy and post orders require that key rings are to be securely fastened to a belt with a metal clip or other approved device. Attaching key rings to belt loops or holsters is prohibited, as well as referring to key numbers or other key identification method within earshot of detainees. At this facility, keys are properly controlled and maintained as this standard requires.

**Overall Rating:** Meets Standard**Reviewer Name (Print):** (b)(6);(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**



**STANDARD 2.8. POPULATION COUNTS** (Key: K)

This detention standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and accountability for detainees.

Components	Rating	Remarks (1000 Char Max)
1. Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count.	Meets Standard	At least one formal count is conducted every eight hours. A minimum of six formal counts are conducted during each twenty-four hour period. The 4:30 p.m. count is a face-to-photo count.
2. Each officer shall make irregular but frequent checks to verify the presence of all detainees in his or her charge.	Meets Standard	
3. The facility Control Center shall maintain a master count.	Meets Standard	The control center maintains the master count.
4. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	Meets Standard	The control center officer and the shift supervisor maintain an out-count record of all detainees temporarily out of the facility.
5. An emergency count shall be conducted when there is reason to believe a detainee is missing, or after a major disturbance has occurred.	Meets Standard	The requirements of this component are specifically addressed in policy.

**STANDARD 2.8. POPULATION COUNTS – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Formal and informal counts are conducted to ensure accountability for all detainees, protect the community, and enhance facility security, safety and good order. In evaluating this standard, the count policy was reviewed and the 10:30 a.m. count was observed from one of the housing units and the shift supervisor's office. Count was conducted as prescribed by policy and this standard.

During counts, officers make positive identification of living, breathing flesh and not just a human shape before counting a detainee present. If the accuracy of a count is in doubt, officers conduct a recount. Officers never rely on a roll call in performing the count. Unaccompanied officers never perform a count in an open areas such a housing unit or in food service. Officers performing the count have primary responsibility for the count accuracy. Several detainees were on their bunks with their heads covered with blankets. The officers were observed making positive identification of a living body before counting the detainee present. Officers remain in the count area until the count clears. Detainees do not participate in the count nor the preparation or documentation of the count process. No detainee movement is allowed during the count process.

All detainee units/areas were counted simultaneously with all detainees being counted at a specific location. Movement does not resume until the count is verified and cleared. Counting officers report their count and then deliver a signed count slip to the count officer in the shift supervisor's office. In the event the count fails to clear, procedures are in place for conducting a recount and face-to-photo count. Emergency counts are conducted in the same manner as formal counts and all detainees are returned to their housing units during such counts. Detainees are accounted for around the clock as this standard requires.

**Overall Rating:** Meets Standard

**Reviewer Name (Print):** (b)(6);(b)(7)(C)

**Completion Date:** 10/6/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 2.9. POST ORDERS** (Key: L)

This detention standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.

Components	Rating	Remarks (1000 Char Max)
1. The facility administrator shall ensure that: <ul style="list-style-type: none"> <li>There are written Post Orders for each security post,</li> <li>Copies are available to all employees,</li> <li>Written facility policy and procedures: <ul style="list-style-type: none"> <li>Provide official on-duty time for officers to read the applicable Post Orders when assigned to a post, and</li> <li>Ensure that officers read those applicable Post Orders prior to assuming their posts.</li> </ul> </li> </ul>	Meets Standard	Each of the requirements of this component is addressed in policy.
2. Supervisors shall ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	Meets Standard	Supervisors ensure that officers understand their post orders, regardless of whether the assignment is temporary, permanent or due to an emergency.
3. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	Meets Standard	(b)(7)(E)
4. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that: Any staff member who is taken hostage is considered to be under duress, and Any order issued by such a person, regardless of his or her position of authority, is to be disregarded.	Meets Standard	
5. Specific instructions for escape attempts shall be included in the Post Orders for armed posts.	Meets Standard	Specific instructions for escape attempts are included in the post orders for armed posts.
6. Post Orders shall be kept current at all times and formally reviewed at least annually and updated as needed.	Meets Standard	Post orders are kept current at all times, are formally reviewed annually and are updated as needed. The last review of post orders was conducted on 09/02/2016.
7. Post Orders and logbooks are confidential and must be kept secure at all times and never left in an area accessible to detainees.	Meets Standard	
8. The facility administrator authorizes all Post Orders and changes.	Meets Standard	The OIC authorizes all post orders and changes.

**STANDARD 2.9. POST ORDERS – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)



**STANDARD 2.9. POST ORDERS – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Post orders ensure that officers assigned to a security post know the procedures, duties and responsibilities of that post. In evaluating this standard, the chief of security, captain and several housing unit officers were interviewed, and post orders were reviewed.

There is policy providing official time for officers to read post orders upon assuming a new post, and procedures ensure that all officers read applicable post orders. All officers and supervisors use the post orders to familiarize themselves with the duties of their posts.

The chief of security or designee determines if the post orders need updating during the period between annual reviews. Prior to annual reviews, the chief of security solicits written suggestions for changes or additions from ICE staff, contract staff and other affected personnel. The revised post orders are forwarded to the OIC for approval. The chief of security ensures that all post orders are transcribed on a computer and that all back-up disks are properly accounted for and maintained in a secure location. A post order master file is maintained in the office of the chief of security. The post orders for armed and perimeter access posts describe and explain the proper care and safe handling of firearms and the circumstances and conditions when use of a firearm is authorized. Emergency changes to post orders are made by memorandum and placed in the post orders. These changes are incorporated during the next annual review.

When necessary, the OIC develops post orders for non-permanent assignments (details, temporary housing units, emergency changes, etc.). If events preclude advance planning, the OIC issues a post order as soon as possible.

The post orders are based on ICE detention standards and policies and facility practices and specify the hours of each post. The post orders are issued in a six-part classification folder as specified in the standard. The housing unit post orders follow the daily event schedule format.

Post orders at this facility have been created to ensure that officers assigned to a security post know the duties, procedures and responsibilities of that post as this standard requires.

**Overall Rating:** Meets Standard**Reviewer Name (Print):** (b)(6), (b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**



**STANDARD 2.10. SEARCHES OF DETAINEES** (Key: M)

This detention standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.

Components	Rating	Remarks (1000 Char Max)
1. <b>PRIORITY:</b> The facility has written policy and procedures governing searches of detainees and housing or work areas. The policies and procedures include the requirement that staff employ the least intrusive method of body search practicable, based on security concerns involved; and conduct searches without unnecessary force and in ways that preserve the dignity of detainees.	Meets Standard	Written policy addresses the requirements of this component.
2. All staff who do housing or work area searches or body searches shall receive initial training regarding search procedure prior to entering on duty, and annual training in effective techniques thereafter.	Meets Standard	All staff members receive training regarding search procedures during their initial training and annual in-service training.
3. The facility shall establish procedures to ensure all housing units and work areas are searched routinely, but irregularly.	Meets Standard	Policy requires that housing unit searches be unannounced and performed on an irregular schedule.
4. Staff shall maintain written documentation of each housing unit search within the individual housing unit.	Meets Standard	Housing unit searches are documented in the unit logbook.
5. Work areas shall be searched each workday by shop supervisors, and these inspections shall be supplemented with periodic searches by designated search teams.	Meets Standard	Work areas are searched at least once per shift. Additional searches are randomly conducted.
6. Strip searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.	Meets Standard	
7. <b>PRIORITY:</b> Strip searches are performed by an officer of the same gender as the detainee.	Meets Standard	Policy requires that strip searches be performed by an officer of the same gender. According to the assistant warden, there have been no strip searches conducted in the last year.
8. Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person. Body cavity searches are performed in an area that affords privacy from other detainees and from facility staff who are not involved in the search.	Meets Standard	Per written policy, body cavity searches require prior approval from ICE and must be performed by qualified off-site medical personnel. There have been no body cavity searches conducted during this inspection period.

**STANDARD 2.10. SEARCHES OF DETAINEES** (Key: M)

This detention standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.

Components	Rating	Remarks (1000 Char Max)
9. "Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures.	N/A	Dry cells are not used at this facility.
10. The chief of security shall have post orders for closely observing a detainee in dry cell status.	N/A	Dry cells are not used at this facility.

**STANDARD 2.10. SEARCHES OF DETAINEES – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

A review of policy; observation of detainee searches; observation of search logbooks and follow up documentation; and interviews with the chief of security, captain and housing unit officers confirmed that there is an established search program that detects, controls and properly disposes of contraband discovered in searches of persons and property. Policy and procedures are in place to enhance security and good order by controlling and properly disposing of contraband.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed)** (b)(6)(b)(7)(C)

**Completion Date:** 10/6/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION** (Key: N)

This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> Each facility has written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention Program that includes, at a minimum:</p> <ul style="list-style-type: none"> <li>• A zero-tolerance policy for all forms of sexual abuse or assault;</li> <li>• Measures taken to prevent sexual abuse or assault, including the designation of specific staff members responsible for staff training and detainee education regarding issues pertaining to sexual assault;</li> <li>• Procedures for immediate reporting of any allegation of sexual abuse or assault through the facility's chain-of-command procedure, and to ICE/ERO, including written documentation requirements;</li> <li>• Procedures for detainees to report allegations;</li> <li>• Measures taken for prompt and effective intervention to address the safety and medical/mental health treatment needs of detainee victims, and to preserve and collect evidence;</li> <li>• Procedures for referral of incidents to appropriate investigative agencies (including law enforcement agencies and OPR), and coordination with such entities;</li> <li>• Disciplinary sanctions for staff, up to and including termination when staff has violated agency sexual abuse policies; and</li> <li>• Data collection and reporting.</li> </ul>	Meets Standard	The sexual abuse and assault prevention and intervention program contains all of the bulleted items listed in this component.
<p>2. The facility administrator maintains or attempts to enter into memoranda of understanding (MOU) or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime.</p>	Meets Standard	Victimized detainees are provided information on several community service providers that accept referrals and provide legal advocacy and confidential emotional support services for immigrant victims of crime.
<p>3. <b>PRIORITY:</b> The facility administrator has designated a Sexual Abuse and Assault Prevention and Intervention Program Coordinator for the facility.</p>	Meets Standard	The assistant facility administrator is the designated Sexual Abuse and Assault Prevention and Intervention Program Coordinator.



**STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION** (Key: N)

This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.

Components	Rating	Remarks (1000 Char Max)
4. <b>PRIORITY:</b> Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program is included in initial and annual refresher training for employees, volunteers, and contract personnel, and address all training topics required by the Detention Standard. The facility maintains written documentation verifying employee, volunteer, and contractor training.	Meets Standard	As confirmed per review of training files, all employees, volunteers, and contract personnel are trained during the pre-service and annual training in all training topics required by the detention standard. Training files were reviewed verifying employee, volunteer, and contractor training.
5. <b>PRIORITY:</b> Detainees are informed about the facility's Sexual Abuse and Assault Prevention and Intervention Program and zero-tolerance policy for sexual abuse and assault through the orientation program and the detainee handbook. Detainee notification, orientation, and instruction must be in a language or manner that the detainee understands.	Meets Standard	Detainees are informed about the sexual abuse and assault prevention and intervention program and the zero-tolerance policy through the video orientation program, national and local detainee handbooks, and posters in each housing unit. The video orientation program and handbooks are available in English and Spanish.
6. The Sexual Assault Awareness Notice, along with the names of the program coordinator and local organizations that can assist detainees who have been victims of sexual assault, is posted on all housing unit bulletin boards. The "Sexual Assault Awareness Information" brochure is distributed to detainees.	Does Not Meet Standard	The Sexual Assault Awareness Notice and local organizations that can assist detainees is posted on all housing unit bulletin boards. However, the name of the program coordinator is not posted. The "Sexual Assault Awareness Information" brochure is distributed to the detainees during the intake process.
7. Detainees are provided the option to report any incident of sexual abuse or assault to any staff member, including a designated staff member other than an immediate point-of-contact line officer (e.g. the program coordinator or a mental health specialist).	Meets Standard	Detainees may report any incident of sexual abuse or assault to any staff member.

**STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION** (Key: N)

This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.

Components	Rating	Remarks (1000 Char Max)
<p>8. <b>PRIORITY:</b> Detainees are screened upon arrival at the facility for potential vulnerabilities to sexually aggressive behavior or tendencies to act out with sexually aggressive behavior.</p> <p>Detainees identified as being at risk for sexual victimization are monitored and counseled, and placed in the least restrictive housing that is available and appropriate.</p>	Meets Standard	A review of twenty medical records revealed that detainees are screened upon arrival for potential vulnerabilities to sexually aggressive behavior or tendencies to act out with sexually aggressive behavior. Detainees likely to be at risk for sexual victimization are placed in the least restrictive housing available and appropriate.
<p>9. A detainee who is subjected to sexual abuse or assault is not returned to general population until proper re-classification, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse or assault, is completed.</p>	Meets Standard	Per the program coordinator, a detainee who is subject to sexual abuse or assault is not returned to general population until proper reclassification is completed.
<p>10. <b>PRIORITY:</b> Any detainee who alleges that he/she has been sexually assaulted is offered immediate protection from the assailant and referred for a medical examination and/or clinical assessment for potential negative symptoms.</p>	Meets Standard	Per policy, any detainee who alleges being sexually assaulted is offered immediate protection from the assailant and referred for a medical assessment for potential negative symptoms.
<p>11. <b>PRIORITY:</b> Staff members who become aware of an alleged assault immediately follow the reporting requirements set forth in the written policies and procedures.</p> <p>When a detainee(s) is alleged to be the perpetrator, the facility administrator ensures that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation, and reported to the Field Office Director.</p> <p>When an employee, contractor, or volunteer is alleged to be the perpetrator, the facility administrator ensures that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation, and reported to the Field Office Director. The local government entity or contractor that owns or operates the facility is also notified.</p>	Meets Standard	Policy requires that any personnel who become aware of an alleged assault immediately follows the reporting requirements outlined in established procedure. Prompt notification is made to the FOD and to the San Bernardino County Sheriff's Office when a detainee is alleged to be the perpetrator and when the perpetrator is other than a detainee. The OIC and GEO Group corporate office are notified.



**STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION** (Key: N)

This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.

Components	Rating	Remarks (1000 Char Max)
12. The facility uses a coordinated, multidisciplinary team approach to responding to sexual abuse, which includes a medical practitioner, a mental health practitioner, a security staff member, and an investigator from the assigned investigative entity, as well as representatives from outside entities that provide relevant services and expertise.	Meets Standard	Per policy, the facility uses a coordinated, multidisciplinary team approach to responding to sexual abuse. Team membership includes medical and mental health practitioners, security personnel, an investigator from the San Bernardino County Sheriff's Office, as well as representatives from outside entities that provide relevant services and expertise.
13. Care is taken to place a victimized detainee in a supportive environment that represents the least restrictive housing option possible (e.g. protective custody), but victims are not held for longer than five days in any type of administrative segregation except in highly unusual circumstances or at the request of the detainee.	Meets Standard	A victimized detainee is placed in a supportive environment that represents the least restrictive housing option possible. Victims are not held longer than five days in any type of administrative segregation except in unusual circumstances or at the detainee's request.
14. <b>PRIORITY:</b> Staff suspected of perpetrating sexual abuse or assault are removed from all duties requiring detainee contact pending the outcome of an investigation.	Meets Standard	Per policy, a staff member suspected of perpetrating sexual abuse or assault is removed from all duties requiring detainee contact pending the outcome of an investigation.
15. The facility ensures that all investigations into alleged sexual assault are prompt, thorough, objective, fair, and conducted by qualified investigators. Written procedures establish the coordination and sequencing of administrative and criminal investigations to ensure that the latter is not compromised by the former, including the process for conducting internal administrative investigations only after consultation with the assigned criminal investigative entity or after a criminal investigation has concluded.	Meets Standard	Established policy and procedures contain all the requirements listed in this component.
16. Information concerning the identity of a detainee victim reporting sexual assault, and the facts of the report itself, are limited to those who have a need-to-know in order to make decisions concerning the detainee-victim's welfare, and for law enforcement/investigative purposes.	Meets Standard	Access to information of the identity of the victim reporting sexual assault and the facts of the report are limited to those with a need-to-know basis.



**STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION** (Key: N)

This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.

Components	Rating	Remarks (1000 Char Max)
17. When possible and feasible, appropriate staff preserve the crime scene, and safeguard information and evidence in coordination with the referral agency and consistent with established evidence-gathering and evidence-processing procedures.	Meets Standard	Written guidelines require the preservation and safeguarding of the crime scene and evidence, consistent with established evidence gathering and processing procedures.
18. At no cost to the detainee, the facility administrator arranges for the victim to undergo a forensic medical examination by external independent and qualified health care personnel. The results of the physical examination and all collected physical evidence are provided to the investigative entity.	Meets Standard	Per policy, the facility administrator arranges for the victim to undergo a forensic medical examination by external independent and qualified health care personnel at no cost to the detainee. Results of the examination and collected physical evidence are provided to the investigative entity.
19. The program coordinator reviews the results of every investigation of sexual abuse or assault to assess and improve prevention and response efforts.	Meets Standard	The program coordinator reviews the results of every investigation of sexual abuse or assault to assess and improve prevention and response efforts.
20. Victims are provided emergency medical and mental health services and ongoing care as appropriate, including testing for sexually transmitted diseases and infections, prophylactic treatment, emergency contraception, follow-up examinations for sexually transmitted diseases, and referrals for counseling (including crisis intervention counseling).	Meets Standard	Per policy, all the services and care listed in this component are provided to the victim.
21. All case records associated with claims of sexual abuse are maintained in a secure location, consistent with the confidentiality requirements of the Detention Standards on "Medical Care" and "Detention Files."	Meets Standard	All case records pertaining to claims of sexual abuse are maintained and secured consistent with the confidentiality requirements of the detention standards on medical care and detention files.
22. The program coordinator conducts an annual review of aggregate data regarding sexual abuse or assault incidents at the facility, and presents the findings to the Field Office Director and ICE/ERO HQ for use in determining whether changes are needed to existing policies and practices to further the goal of eliminating sexual abuse.	Meets Standard	Per the program coordinator, an annual review of compiled data regarding sexual abuse or assault incidents is conducted. Findings from this review are presented to the FOD and ICE/ERO HQ for use in recommending changes to existing policy and practices to further the goal of eliminating sexual abuse.

**STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Approved policies ensure immediate protection to victims, include prevention of retaliation, assure medical and mental health referrals for alleged victims, specify medical employees' responsibility to report allegations or suspicions of sexual assault to facility staff and specify evidence gathering and forensic medical exam protocols. Medical personnel are not trained in procedures for forensic exam and treating victims of sexual assault. Detainees are provided instructions on how to contact DHS/OIG or ICE to confidentially report sexual abuse or assault.

The Sexual Abuse and Assault Prevention and Intervention Program (SAAPI) coordinator assists with the development of written policies and procedures and training protocols and serves as a liaison with other agencies. Employee, contractor, and volunteer training include all of the topics listed in the standard. Following the intake process, detainees are educated on the SAAPI program with such instruction and on topics as detailed in the standard. The facility documents detainee participation in the instruction session.

Detainees identified as "high risk" for committing sexual assault are assessed by a mental health or other qualified health care professional and treated, if indicated. Statements from detainees claiming to be victims of sexual assaults are taken seriously and professionally responded to.

If health care services and collection of forensic evidence is not performed in-house, testing is conducted for sexually transmitted diseases and infections and referrals for counseling are made, as appropriate; upon request, prophylactic treatment, emergency contraception, and follow-up examinations for sexually transmitted diseases are offered; after the physical examination, a mental health professional evaluates the need for crisis intervention counseling and long-term follow-up. During the community forensic exam, the victim may choose to have an outside advocate present. When the detainee has been transferred, the OIC is notified.

SAAPI case records include general files and administrative investigative files are maintained chronologically, in accordance with medical care and detention standards and applicable policies, and retained in accordance with established schedules. The OIC maintains an electronic record in the detail that is required by the standard. Law enforcement sensitive documents or evidence are not stored at the facility.

The facility has a comprehensive sexual abuse and assault prevention and intervention program. Information regarding sexual assault awareness is readily available to detainees. Procedures are in place to prevent sexual abuse and assault. Prompt and effective intervention and treatment for victims are provided. Evaluation of the standard was based on review of policy and procedure and training files and interviews with staff members.

There were eight allegations of sexual abuse or assault during this inspection period. All allegations were detainee-on-detainee, of which three were unsubstantiated. Five of the investigations are pending. All allegations involved unwanted touching and intimidation. In all instances, proper protocols and documentation were utilized and the appropriate measures were taken initially to protect the possible victims.

**Overall Rating:** Meets Standard**Reviewer Name (Printed):** (b)(6);(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**



**STANDARD 2.12. SPECIAL MANAGEMENT UNITS** (Key: O)

This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Rating	Remarks (1000 Char Max)
1. Written policy and procedures are in place for special management units, including Administrative Segregation and Disciplinary Segregation, as well as documenting the reason(s) for placement and periodic reviews.	Meets Standard	The facility has a special management unit (SMU) for female detainees and has extensive written policy and procedures in place for that unit. Policy addresses administrative and disciplinary segregation, and requires documented reasons for placement in the SMU and periodic reviews.
2. The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	Meets Standard	The cells are designed to confine two detainees and the chief of security related that capacity will never be exceeded.
3. Cells and rooms are well ventilated, adequately lit, appropriately heated/cooled and maintained in a sanitary condition at all times.  Cells are conducive to maintaining a safe and secure environment for all detainees, with particular emphasis on allowing for full visibility and appropriate observation by staff, and wherever possible on eliminating potential safety hazards such as sharp edges and anchoring devices.	Meets Standard	
4. Each facility shall issue guidelines concerning the privileges detainees may have in both Administrative and Disciplinary status.	Meets Standard	Policy includes specific privileges detainees may have in both administrative and disciplinary status.
5. <b>PRIORITY:</b> Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted.	Meets Standard	Policy requires that detainees in the SMU must be personally observed at least every thirty minutes on an irregular schedule and more often when warranted. A review of documentation in the SMU confirmed that practice is consistent with this component.



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Components	Rating	Remarks (1000 Char Max)
<p>6. <b>PRIORITY:</b> A detainee is placed in Administrative Segregation only for non-punitive reasons, when necessary to ensure the safety of detainees or others, the protection of property, or the security or good order of the facility.</p> <p>The facility administrator or designee shall complete the Administrative Segregation Order (Form I-885 or equivalent), detailing the reasons for placing a detainee in Administrative Segregation, before his or her actual placement. A copy of the order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.</p>	Meets Standard	<p>Policy requires that a detainee is placed in administrative segregation only for non-punitive reasons, when necessary to ensure the safety of detainees or others, the protection of property, or the security or the good order of the facility. The OIC completes an administrative segregation order form detailing the reasons for placing the detainee in administrative segregation, before actual placement. A copy of the order is provided to the detainee immediately in a language or manner the detainee can understand. Any male detainee requiring placement in administrative segregation is transferred to an adjacent facility.</p>

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Components	Rating	Remarks (1000 Char Max)
7. <b>PRIORITY:</b> A detainee is placed in protective custody status in Administrative Segregation only when there is documentation and supervisory approval that it is warranted and that no reasonable alternatives are available. Use of administrative segregation to protect vulnerable populations shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, and as a last resort. Detainees who have been placed in administrative segregation for protective custody shall have access to programs, services, visitation, counsel and other services available to the general population to the maximum extent possible.	Meets Standard	Policy specifically states that a detainee is placed in protective custody in administrative segregation only when there is documentation that it is warranted and that no reasonable alternatives are available. Use of administrative segregation to protect vulnerable populations is restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, and as a last resort. Detainees placed in administrative segregation for protective custody shall have access to programs, services, visitation, counsel and other services available to the general population. Any male detainee requiring placement in administrative segregation is transferred to an adjacent facility.
8. A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest," "High," or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.	Meets Standard	
9. A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into Disciplinary Segregation. A copy of the order shall be immediately given to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safety, security, or the orderly operation of the facility.	Meets Standard	

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Components	Rating	Remarks (1000 Char Max)
10. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Chief of Security or equivalent for inclusion in the detainee's detention file.	Meets Standard	
<p>11. <b>PRIORITY:</b> There are implemented written procedures for the regular review of all detainees in Administrative Segregation.</p> <p>A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification.</p> <p>If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator.</p> <p>When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 30 days and at least every 10 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.</p>	Does Not Meet Standard	Policy addresses all areas listed in this component. Practice is not consistent with the requirements of the standard. Supervisors conduct reviews but do not interview the detainee.
12. A copy of the decision and justification for each segregation status review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.	Meets Standard	Policy requires that a copy of the decision and justification of each review is given to the detainee. The detainee can appeal the decision to the OIC.
<p>13. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.).</p> <p>The SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, status review dates, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released. These logs shall also be used by supervisory staff and other officials to record their visits to the unit.</p>	Meets Standard	



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Components	Rating	Remarks (1000 Char Max)
14. A separate log is maintained in the SMU that all persons visiting the unit must sign and record: <ul style="list-style-type: none"> <li>• The time and date of the visit, and</li> <li>• Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file.</li> </ul>	Meets Standard	A separate log is maintained in the SMU that records bulleted items required in this component.
15. A Special Management Housing Unit Record is maintained on each detainee in an SMU, that records: <ul style="list-style-type: none"> <li>• Whether the detainee ate, showered, recreated, and took any medication; and</li> <li>• Any additional information, such as whether the detainee has a medical condition, or has exhibited suicidal/assaultive behavior.</li> </ul>	Meets Standard	Policy requires that a housing unit record be maintained on each detainee and all bulleted activities listed in this component must be recorded.
16. Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.	Meets Standard	Although any male detainee requiring placement in administrative segregation is transferred to an adjacent facility, both male and females detainee are assessed by health care personnel as indicated by health care protocols.
17. <b>PRIORITY:</b> Detainees with serious mental illness may not be automatically placed in an SMU on the basis of such mental illness. Every effort shall be made to place detainees with serious mental illness in a setting in or outside of the facility in which appropriate treatment can be provided, rather than an SMU, if separation from the general population is necessary.	Meets Standard	Policy requires that prior to separating a detainee with serious mental illness from the general population, health care personnel are contacted to provide an assessment of the detainee's health care needs. Based on the recommendations provided by medical personnel, the detainee will be placed in a setting in which appropriate treatment can be provided.

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Components	Rating	Remarks (1000 Char Max)
<p>18. <b>PRIORITY:</b> Health care personnel conduct face-to-face medical assessments for every detainee in an SMU at least once daily, and where reason for concern exists, assessments are followed up with a complete evaluation by a qualified medical or mental health professional, and indicated treatment.</p> <p>Medical visits shall be recorded on the SMU housing record or comparable form, and any action taken shall be documented in a separate logbook.</p>	Meets Standard	Policy requires that health care personnel conduct face-to-face medical assessment of each detainee in the SMU daily. If required, follow-up assessment is made by qualified medical or mental health provider. All medical visits must be recorded on the SMU housing unit record. A review of documentation completed in the SMU confirmed that practice is consistent with the requirements of this component.
19. A detainee's mental health status shall be reviewed and documented at least once every 30 days.	Meets Standard	
20. Detainees in SMUs may shave and shower at least three times weekly and receive other basic services (such as laundry, hair care, barbering, clothing, bedding, and linen) on the same basis as the general population.	Meets Standard	Detainees in the SMU have the opportunity to shower daily. Other services listed in this component are provided on the same basis as the general population.
21. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).	Meets Standard	
22. The shift supervisor sees each segregated detainee daily, including weekends and holidays.	Meets Standard	Procedures require the shift supervisor to see each segregated detainee daily, including weekends and holidays. Shift supervisor visits are documented in the unit log and a review of them confirmed that practice is consistent with the requirements of this component.
23. The facility administrator (or designee) visits each SMU daily.	Meets Standard	
24. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	Meets Standard	



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Components	Rating	Remarks (1000 Char Max)
25. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.	Meets Standard	Each of the requirements of this component is specifically addressed in policy.
26. Detainees in an SMU may write and receive letters the same as the general population.	Meets Standard	
27. Detainees in an SMU ordinarily retain visiting privileges.	Meets Standard	
28. Adequate documentation is generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year. Where visits are restricted or disallowed, a report is filed with the facility administrator and ICE/ERO, and made part of the detainee's file.	Meets Standard	Policy requires any restriction or denial of visitation be documented and a report filed with ICE/ERO. There have been no visit restrictions or denials during this inspection period.
29. Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	Meets Standard	Policy prohibits detainee participation in general visitation while in restraints.
30. Detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.	Meets Standard	
31. In cases in which a visit would present an unreasonable security risk, visits may be disallowed for a particular violent or disruptive detainee.	Meets Standard	Policy states that a detainee whose presence would present an unreasonable security risk may be disallowed visits.
32. Ordinarily, detainees in SMUs are not denied legal visitation.	Meets Standard	
33. Detainees in SMUs are allowed visits by members of the clergy or other religious service providers, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	Meets Standard	
34. Detainees in SMUs have access to reading materials, including religious materials. The Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis.	Meets Standard	



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Components	Rating	Remarks (1000 Char Max)
35. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain all personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard.  Detainee requests for access to legal material in their stored personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.	Meets Standard	All items listed in this component are addressed in policy.
36. Any denial of access to the law library is always: <ul style="list-style-type: none"> <li>Supported by compelling security concerns,</li> <li>For the shortest period required for security, and</li> <li>Fully documented in the SMU housing logbook.</li> </ul> ICE/ERO is notified every time law library access is denied.	Meets Standard	Procedures are in place that address all bulleted items listed in this component. No denial of law library access has occurred during this inspection period.
37. Recreation for detainees in the SMU is separate from the general population.	Meets Standard	
38. Detainees in the SMU for administrative reasons are offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least seven days per week. Detainees in the SMU for disciplinary reasons shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.	Meets Standard	Detainees in administrative segregation have the opportunity for two hours of daily recreation unless documented security, safety or medical considerations dictate otherwise. Detainees in disciplinary segregation have the opportunity for at least one hour of recreation five days a week. Detainees are provided weather appropriate equipment and attire during inclement weather.
39. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security.  When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.	Meets Standard	
40. The case of a detainee denied recreation privileges is reviewed as part of the regular reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	Meets Standard	

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Components	Rating	Remarks (1000 Char Max)
41. Denial of recreation privileges for more than 7 days requires the concurrence of the facility administrator and the health authority. The facility notifies ICE/ERO when a detainee is denied recreation privileges for more than 7 days.	Meets Standard	
42. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.	Meets Standard	Detainees in administrative and disciplinary segregation are allowed the same telephone access as the general population.
43. After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted.	Meets Standard	
44. If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.	Meets Standard	Items required by this component are contained in policy.
45. When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director.	Meets Standard	

**STANDARD 2.12. SPECIAL MANAGEMENT UNITS – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

A review of documentation and employee interviews confirmed that the facility has a comprehensive policy that addresses each of the requirements of this standard except interviewing detainees during their periodic reviews. The facility does not have an SMU for administrative or disciplinary segregation purposes for male detainees. Once it is determined that a male detainee needs to be separated from the general population for any reason, the detainee is transferred to an adjacent facility for SMU placement. The chief of security confirmed that any detainee requiring placement in the SMU is examined by medical personnel prior to being transferred. Investigations, hearings and appeals for detainees from this facility transferred to the adjacent facility for SMU placement are handled by employees in the adjacent facility.

Policy requires that detainees housed in the SMU be provided with adequate services and recreation in a clean, secure, well

**STANDARD 2.12. SPECIAL MANAGEMENT UNITS – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)*

maintained environment. Visiting privileges, telephone privileges and meals for female detainees in administrative SMU, except for documented security concerns, are identical to the general population. When detainees are assigned to the SMU, their quality of life is altered only in the sense that a degree of their freedom is restricted. Detainees in disciplinary segregation have fewer privileges than those in administrative segregation as their commissary privileges are restricted and they do not get contact visits. Administrative segregation status detainees have considerably more out-of-cell time to socialize, play board games, watch television, etc. Inspection of the SMU; interviews with officers and detainees; and review of logbooks and documentation confirmed that practice is consistent with policy. If it becomes necessary to place female detainees in the SMU for disciplinary or administrative reasons, it is managed as this standard requires.

**Overall Rating:** Meets Standard**Reviewer Name (Printed):** (b)(6);(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**



**STANDARD 2.13. STAFF-DETAINEE COMMUNICATION** (Key: P)

This detention standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.

This standard also requires the posting of hotline informational posters from the Department of Homeland Security (DHS) Office of the Inspector General (OIG).

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> ICE/ERO detainees shall have frequent informal access to and interaction with key facility staff members, in a language they can understand.</p> <p>Facility staff shall conduct scheduled visits to address detainees' personal concerns and monitor living conditions.</p>	Meets Standard	<p>Detainees have frequent formal and informal access to ICE employees and key facility personnel via detainee request forms and scheduled and unscheduled staff visits to housing areas and common areas. Communications are facilitated in a language understood by the detainee. An interpretive language line service is available to the staff. ICE and facility employees address detainee concerns and monitor conditions during their visits.</p>
<p>2. The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility. The same information shall be posted in the living areas (or "pods") of the facilities. Posted contact information shall be updated quarterly or more frequently as necessary to reflect changes in ICE/ERO personnel.</p>	Meets Standard	<p>The required field office information is included in the facility handbook and is posted on the housing unit bulletin boards. According to the chief of security, the posted information is updated by ICE officials as needed.</p>

**STANDARD 2.13. STAFF-DETAINEE COMMUNICATION** (Key: P)

This detention standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.

This standard also requires the posting of hotline informational posters from the Department of Homeland Security (DHS) Office of the Inspector General (OIG).

Components	Rating	Remarks (1000 Char Max)
<p>3. <b>PRIORITY:</b> Detainees may submit written questions, requests, grievances or concerns to ICE/ERO staff, using the detainee request form, a local IGSA form, or a sheet of paper.</p> <p>Facilities must also allow any ICE/ERO detainee dissatisfied with the facility's response to file a grievance appeal and communicate directly with ICE/ERO.</p> <p>Each facility administrator shall:</p> <ul style="list-style-type: none"> <li>• Ensure that adequate supplies of detainee request forms, envelopes, and writing implements are available.</li> <li>• Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel (not detainees) without reading, altering, or delaying such requests.</li> <li>• Ensure that the standard operating procedures accommodate detainees with special assistance needs based on, for example, disability, illiteracy, or limited use of English. When language services are needed, the facility should use qualified interpretation services when an employee needs to communicate with a limited English proficient person.</li> <li>• Ensure that each facility provides a secure dropbox for ICE detainees to correspond directly with ICE management, and that only ICE personnel have access to the dropbox.</li> </ul>	Meets Standard	The component requirements are included in policy and confirmed by observed practice.
<p>4. In facilities with ICE/ERO on-site presence: The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 3 business days of receipt.</p>	Meets Standard	Previous year documentation verified that requests are routinely responded to within three days of receipt.
<p>5. In facilities without ICE/ERO on-site presence, each detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days.</p>	N/A	ICE/ERO employees have offices on site.

**STANDARD 2.13. STAFF-DETAINEE COMMUNICATION** (Key: P)

This detention standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.

This standard also requires the posting of hotline informational posters from the Department of Homeland Security (DHS) Office of the Inspector General (OIG).

Components	Rating	Remarks (1000 Char Max)
<p>6. All requests to ICE/ERO staff shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record:</p> <ul style="list-style-type: none"> <li>• Date of receipt;</li> <li>• Detainee's name;</li> <li>• Detainee's A-number;</li> <li>• Detainee's nationality;</li> <li>• Name of the staff member who logged the request;</li> <li>• Date the request, with staff response and action, was returned to the detainee;</li> <li>• Any other pertinent site-specific information, including detention condition complaints;</li> <li>• Specific reasons why the detainee's request is urgent and requires a faster response; and</li> <li>• The date the request was forwarded to ICE/ERO and the date it was returned.</li> </ul>	Meets Standard	The detainee request form log includes the categories listed in this component
<p>7. As required by the ICE/ERO Detention Standard on Detainee Handbook, each facility's handbook (or supplement) shall advise detainees of the procedures to submit written questions, requests, or concerns to ICE/ERO staff, as well as the availability of assistance to prepare such requests.</p>	Meets Standard	
<p>8. The facility administrator shall ensure that OIG Hotline posters are posted in every housing unit and in appropriate common areas (recreation areas, dining areas, processing areas, etc.).</p>	Meets Standard	OIG hotline posters are posted in each housing unit and other common areas.

**STANDARD 2.13. STAFF-DETAINEE COMMUNICATION – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

A review of policy, request form log entries, weekly facility visiting liaison reports for the entire inspection period and the local handbook; observation of housing unit request forms, ICE drop boxes and housing unit postings; and interviews with ICE, facility personnel and detainees confirmed that detainees have formal and informal contact with facility and ICE personnel through an established and documented system of verbal and written communication. The ICE officer announces his/her presence when entering a housing unit. Detainee telephone services are tested daily by housing unit officers and weekly, at a minimum, by ICE personnel.

In addition to scheduled visits, ICE officers conduct frequent unannounced visits to the facility to informally observe living and working conditions and encourage informal communication among staff and detainees in all areas of the facility. These visits are documented. Detainees interviewed stated that ICE officers visit the housing units daily and also stated that they receive a response to their requests within a day or two. Each detainee knew his/her assigned ICE officer.



STANDARD 2.13. STAFF-DETAINEE COMMUNICATION – Reviewer Summary	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
Overall Rating: Meets Standard	
Reviewer Name (Printed)	Completion Date: 10/6/2016
Reviewer Signature (for printed form submission):	

**STANDARD 2.14. TOOL CONTROL** (Key: Q)

This detention standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.

Components	Rating	Remarks (1000 Char Max)
1. The use of tools, keys, medical equipment and culinary equipment is controlled.	Meets Standard	The use of tools, keys, medical equipment and culinary equipment is controlled.
2. <b>PRIORITY:</b> There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	Meets Standard	The maintenance supervisor is responsible for developing tool control procedures and an inspection system to ensure accountability.
3. <b>PRIORITY:</b> Each facility administrator shall develop and implement a written tool control and storage system to include a tool classification system, and there are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	Meets Standard	The established written tool control and storage system includes a tool classification system. Policies and procedures ensure that all tools are properly marked and readily identifiable.
4. The facility has developed and implemented a tool classification system.	Meets Standard	
5. Tool inventories are required for: <ul style="list-style-type: none"> <li>• Facility Maintenance Department</li> <li>• Medical Department</li> <li>• Food Service Department</li> <li>• Electronics Shop</li> <li>• Recreation Department</li> <li>• Armory</li> </ul>	Meets Standard	Tool inventories are required for the armory, the maintenance department, medical department and food service department. The facility does not have an electronics shop and the recreation department does not maintain tools. The medical and food service departments have the required tool inventories. The armory and the maintenance department are located outside the secure perimeter and were not inspected.
6. <i>(SPCs/CDFs) The new tools shall be issued only after the Tool Control Officer has marked and inventoried them. Inventories that include any portable power tools shall provide brand name, model, size, description, and inventory control/AMIS number.</i>	Meets Standard	At this DIGSA facility, new tools can only be issued after the maintenance supervisor has marked and inventoried them. Inventories that include portable power tools include the information required by this component.
7. The facility administrator shall schedule, and establish procedures for, the quarterly inventorying of all tools.	Meets Standard	Documentation reviewed confirmed adherence to the requirements of this component.

**STANDARD 2.14. TOOL CONTROL** (Key: Q)

This detention standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.

Components	Rating	Remarks (1000 Char Max)
8. (SPCs/CDFs) Tool inventories shall be numbered and posted conspicuously on all corresponding shadow boards, toolboxes, and tool kits. While all posted inventories must be accurate, only the Master Tool Inventory Sheet in the office of the chief of security requires the certifiers' signatures.	Meets Standard	At this DIGSA facility, policy addresses each of the requirements of this component. Documentation and an interview with the maintenance supervisor verified that practice is consistent with policy.
9. The facility administrator shall develop and implement procedures governing lost tools.	Meets Standard	
10. (SPCs/CDFs) When a restricted or non-restricted tool is missing or lost, staff shall notify the chief of security in writing as soon as possible.  When the tool is a restricted (Class "R") tool, staff shall inform the shift supervisor orally immediately upon discovering the loss. Any detainee(s) who may have had access to the tool shall be held at the work location pending completion of a thorough search.  The facility administrator shall implement quarterly evaluations of lost/missing tool files.	Meets Standard	At this DIGSA facility, each of the requirements of this component is specifically addressed in policy.
11. All visitors, including repair and maintenance workers who are not ICE/ERO or facility employees, shall submit to an inspection and inventory of all tools, tool boxes, and equipment that could be used as weapons before entering and leaving the facility. The contractor shall maintain a copy of the tool inventory with them while inside the facility.	Meets Standard	Policy includes each of the requirements of this component. Per documentation and the maintenance supervisor, practice is consistent with policy.

**STANDARD 2.14. TOOL CONTROL – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The control of all tools protects detainees, employees, contractors and volunteers from harm and contributes to orderly facility operation. Inventory control and storage of tools in all departments follows facility policy and guidelines. The medical department inventories all sharp instruments and narcotics each shift. This inventory is completed by at least two health care professionals. During this inspection the inventory was accurate and current. Food service inventories their tools each shift. Their tools are properly shadow-boarded and etched. Food service personnel do not use knives.

Policy requires employees to remove all restricted tools from work areas at the end of each workday for safekeeping in a secure tool room. The amount of acetylene allowed into the facility is limited to a day's supply. At the end of each workday, all acetylene tanks are secured outside the secured perimeter.

The OIC has established written procedures for marking tools, making them identifiable, and a tool-storage system that ensures accountability. Commonly used, mounted tools are stored so that a tool's disappearance will not escape attention. Tools not adaptable to shadow boards are kept in a locked tool room. Individual tool boxes used on a daily basis are secured with a hasp and padlock, with an inventory sheet in the box. The maintenance supervisor maintains copies of all such inventory sheets. All new tools are received at a site-specific location according to a procedure approved by the OIC. The new tools are not issued until the maintenance supervisor has marked and inventoried them. Tools such as band saw blades, files



**STANDARD 2.14. TOOL CONTROL – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)*

and all restricted tools are immediately placed in secure storage by the maintenance supervisor. Inventory-maintenance at each work location is the responsibility of the detail supervisor and department head. The staff member assigned a toolbox is accountable for the control of assigned tools on a daily basis. Any tool permanently removed from service is turned over to the maintenance supervisor for recordkeeping and safe disposal. All broken and worn out tools are surveyed and destroyed in accordance with the written procedures established by the OIC. The facility has procedures in place for the issuance of tools; security control of restricted tools; and control of ladders, extension cords and ropes as required by this standard.

**Overall Rating:** Meets Standard**Reviewer Name (Printed)** (b)(6);(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

**STANDARD 2.15. USE OF FORCE AND RESTRAINTS** (Key: R)

This detention standard authorizes staff to use necessary and reasonable force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility. Staff should use only the degree of force necessary to gain control of detainees and, under specified conditions, may use physical restraints to gain control of a dangerous detainee.

Components	Rating	Remarks (1000 Char Max)
1. <b>PRIORITY:</b> Staff use physical force only as a last resort after all reasonable efforts to otherwise resolve a situation have failed, and use only the degree of force necessary to gain control of the situation, employing confrontation avoidance techniques and the use-of-force continuum.	Meets Standard	Policy includes procedures that specifically state that staff will only use physical force as a last resort after all reasonable effort to otherwise resolve a situation have failed. Additionally, policy states that only the degree of force necessary to gain control of the situation is authorized, and that confrontation avoidance techniques and the use-of-force continuum must be followed. The chief of security confirmed adherence to policy.
2. Staff: <ul style="list-style-type: none"> <li>Does not use force as punishment.</li> <li>Attempts to gain the detainee's voluntary cooperation before resorting to force.</li> <li>Uses only as much force as necessary to control the detainee.</li> <li>Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.</li> </ul>	Meets Standard	Each of the requirements of this component is specifically stated in policy.
3. <b>PRIORITY:</b> All officers receive training in self-defense, confrontation avoidance techniques and the use of force to control detainees.  Specialized training is given to officers ensuring they are certified in all devices including chemical agents, approved for use.	Meets Standard	Policy states that all officers will be trained in self-defense, confrontation avoidance techniques and the use of force to control detainees. The policy is reviewed during initial and annual refresher training. Policy includes the requirement that any officer who is authorized to use specialized intermediate force devices, including chemical agents approved for use, shall be specifically trained and certified to use that device.

**STANDARD 2.15. USE OF FORCE AND RESTRAINTS** (Key: R)

This detention standard authorizes staff to use necessary and reasonable force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility. Staff should use only the degree of force necessary to gain control of detainees and, under specified conditions, may use physical restraints to gain control of a dangerous detainee.

Components	Rating	Remarks (1000 Char Max)
4. <b>PRIORITY:</b> Staff will consult with medical staff prior to a calculated use of force regarding the following: <ul style="list-style-type: none"> <li>• Use of pepper spray/non-lethal weapons.</li> <li>• Pregnant detainees or detainees in post-delivery recuperation.</li> <li>• Detainees with wounds or cuts.</li> <li>• Detainees with special medical or mental health needs.</li> </ul>	Meets Standard	An interview with the chief of security and review of use of force reports confirmed adherence to each of the requirements of this component.
5. Special precautions are taken when restraining pregnant detainees, consistent with the Detention Standard on Medical Care (Women). Medical personnel are consulted.	Meets Standard	
6. Intermediate force weapons, when not in use, are stored in areas where access is limited to authorized personnel and to which detainees have no access.	Meets Standard	
7. When the detainee is in isolated location where there is no immediate threat to the detainee or others (e.g., a locked cell, a range), staff must try to resolve the situation without resorting to force.	Meets Standard	The requirements of this component are specifically stated in policy.
8. The facility subscribes to the prescribed confrontation avoidance procedures. The ranking detention official, health professionals, and others confer before every calculated use of force.	Meets Standard	The facility subscribes to the prescribed confrontation avoidance procedures. Policy requires that before authorizing a planned use of force, the ranking detention official, a designated health professional and others as appropriate shall assess the situation.
9. When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the use of force team technique.	Meets Standard	Per policy and procedure, when a detainee must be forcibly moved and/or restrained and there is time for a planned use of force, staff members use the use of force team technique.
10. Staff members are trained in the performance of the use-of-force team technique.	Meets Standard	



**STANDARD 2.15. USE OF FORCE AND RESTRAINTS** (Key: R)

This detention standard authorizes staff to use necessary and reasonable force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility. Staff should use only the degree of force necessary to gain control of detainees and, under specified conditions, may use physical restraints to gain control of a dangerous detainee.

Components	Rating	Remarks (1000 Char Max)
<p>11. <b>PRIORITY:</b> All use of force incidents are documented and reviewed. Staff prepare a use of force form that identifies the detainee(s), staff, and others involved, describes the incident, and documents the location of strikes if intermediate force weapons are used.</p> <p>All calculated use of force incidents are properly audio-visually documented and forwarded for review. Use of Force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio-visually recorded in its entirety from the beginning of the incident to its conclusion.</p>	Meets Standard	<p>All uses of force are documented and reviewed by the chief of security, an assistant facility administrator and a representative from ICE. Officers are required to prepare a use of force report that identifies the detainee, staff members and others involved and to describe the incident and document the location of strikes if intermediate force weapons are used. Policy requires that all planned uses of force are audio-visually documented in their entirety from beginning to conclusion, with the recording forwarded for review. The use of force documentation, at a minimum, includes the medical examination through the conclusion of the incident. The chief of security and review of use of force incidents during this inspection period confirmed that practice is consistent with all of the requirements of this component.</p>
<p>12. Staff shall store and maintain audio-visual recording equipment under the same conditions as "restricted" tools.</p>	Meets Standard	

**STANDARD 2.15. USE OF FORCE AND RESTRAINTS** (Key: R)

This detention standard authorizes staff to use necessary and reasonable force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility. Staff should use only the degree of force necessary to gain control of detainees and, under specified conditions, may use physical restraints to gain control of a dangerous detainee.

Components	Rating	Remarks (1000 Char Max)
<p>13. Standard procedures associated with using four/five point restraints include:</p> <ul style="list-style-type: none"> <li>• Soft (nylon/leather) restraints.</li> <li>• Dressing the detainee appropriately for the temperature.</li> <li>• A bed, mattress, and blanket/sheet.</li> <li>• Checking the detainee at least every 15 minutes.</li> <li>• Logging each check.</li> <li>• Repositioning detainee often enough to prevent soreness or stiffness.</li> <li>• Medical evaluation of the restrained detainee twice per eight-hour shift.</li> </ul> <p>When qualified medical staff are not immediately available, staff position the detainee "face-up."</p>	Meets Standard	This facility does not use four/five point restraints but policy addresses all of the bulleted items of this component.
14. In immediate use of force situations, officers contact medical staff once the detainee is under control.	Meets Standard	Policy requires that in immediate use of force situations, officers contact medical personnel once the detainee is under control.
15. The shift supervisor monitors the detainee's position/condition every two hours. He/she allows the detainee to use the restroom at these times under safeguards.	Meets Standard	This facility does not use four/five point restraints but policy addresses monitoring the detainee's position and the use of the restroom.
16. All detainee checks are logged.	Meets Standard	This facility does not use four/five point restraints but policy requires that detainee checks are to be logged.
17. When any detainee is restrained for more than eight hours, the facility administrator shall telephonically notify the Assistant Field Office Director and provide updates every eight hours until the restraints are removed.	Meets Standard	This facility does not use four/five point restraints but policy addresses everything required in this component.
18. It is standard practice to review any use of force and the non-routine application of restraints.	Meets Standard	Per policy and procedure, each use of force and/or non-routine application of restraints are reviewed by the OIC or designee, the chief of security, a representative from ICE and a medical professional.

**STANDARD 2.15. USE OF FORCE AND RESTRAINTS – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**STANDARD 2.15. USE OF FORCE AND RESTRAINTS – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

The use of force is authorized after all reasonable efforts to otherwise resolve a situation have failed, and only for the protection of self, detainees or others, for the preservation of property damage or to maintain the security and orderly operation of the facility. In evaluating this standard, the chief of security was interviewed, and policy and use of force reports were reviewed.

During this inspection period, there were two use of force incidents. Both were immediate uses of force, and both were non-routine application of restraints for refusing direct orders. The detainees were escorted to medical services immediately and no injuries were recorded. Both incidents were reviewed as required by the standard and the reviews indicated that the force was necessary, appropriate and not excessive. Tasers and canines are not authorized for use at this facility. OC (Oleoresin Capsicum)/pepper spray, a chemical agent, is available for use by supervisors, if necessary.

Officers are trained and required only to use the level of force necessary and reasonable to gain control of a detainee; however, depending on circumstances, staff may escalate or de-escalate through the use of force continuum. All new officers are trained during their first year of employment and annually thereafter. Acts and techniques such as neck restraints, using batons to apply choke holds, intentional baton strikes to head, groin, solar plexus, kidneys or spinal column are prohibited.

Officers are authorized to use immediate use of force when a detainee's behavior constitutes a serious and immediate threat to self, staff, another detainee, property or security and orderly operation of the facility. The shift supervisor inspects the areas for blood or other body-fluid spillage after a use of force incident. Only ICE approved restraint equipment is authorized. All incidents involving the use-of-force are documented, including chemical agents. Use of force incident documentation is maintained by the chief of security.

After an incident, an after-action review team, consisting of the chief or assistant chief of security, FOD designee and the health services administrator, convene to gather relevant information, determine whether policy and procedures were followed, make recommendations for improvement, if any, and complete an after-action report. If force becomes necessary at this facility, it is managed and reviewed as this standard requires.

**Overall Rating:** Meets Standard**Reviewer Name (Print):**

(b)(6),(b)(7)(C)

**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**



## ***Section III: ORDER***

### **Disciplinary System**

**STANDARD 3.1. DISCIPLINARY SYSTEM** (Key: S)

This detention standard promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions to those who do not comply.

Components	Rating	Remarks (1000 Char Max)
1. <b>PRIORITY:</b> The facility has a written disciplinary system using progressive levels of reviews and appeals. Written disciplinary policy and procedures shall clearly define detainee rights and responsibilities. The policy, procedures and rules shall be reviewed at least annually.	Meets Standard	The facility has a written disciplinary system with progressive levels of reviews, appeal procedures and documentation procedures. Written disciplinary policy and procedures clearly define detainee rights and responsibilities. The policy, procedures and rules are reviewed annually. The most recent review was conducted on 06/01/2016.
2. Detainees will receive translation or interpretation services throughout the investigative, disciplinary, and appeal process, including accommodation for the hearing impaired. The facility shall not hold a detainee accountable for his or her conduct if a medical authority finds him or her mentally incompetent.	Meets Standard	
3. <b>PRIORITY:</b> Time in disciplinary segregation or withholding of privileges imposed for disciplinary violations do not generally exceed 30 days per violation, except in extraordinary circumstances. Staff do not impose or allow imposition of the following sanctions: corporal punishment; deprivation of food services (to include use of Nutraloaf or "food loaf"); deprivation of clothing, bedding, or items of personal hygiene; deprivation of correspondence privileges; deprivation of legal access and legal materials; or deprivation of indoor or outdoor recreation, unless such activity creates a documented unsafe condition.	Meets Standard	The facility does not have a special management unit (SMU) for male detainees. Any male detainee alleged to have committed a serious rule infraction is immediately transferred to an adjacent facility. All disciplinary hearings and related procedures are conducted at, and by personnel assigned to that facility. Policy specifically prohibits imposition of any the sanctions prohibited by this component, unless such activity creates a documented unsafe condition.
4. A detainee shall be removed from segregation if a health care professional concludes that continued segregation is detrimental to the detainee's medical or mental health.	Meets Standard	Policy requires that a detainee be removed from segregation if a health care professional concludes that continued segregation is detrimental to the detainee's medical or mental health.

**STANDARD 3.1. DISCIPLINARY SYSTEM** (Key: S)

This detention standard promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions to those who do not comply.

Components	Rating	Remarks (1000 Char Max)
5. <b>PRIORITY:</b> The facility supplemental handbook issued to each detainee upon admittance shall provide notice of the facility's rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process and the procedure for appealing disciplinary findings.	Meets Standard	Review of the facility handbook issued to each detainee upon admittance confirmed that the facility's rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process and the procedure for appealing disciplinary findings are included in the handbook.
6. Copies of the rules of conduct, rights, and disciplinary sanctions shall be provided to all detainees and posted in English, Spanish, and/or other languages spoken by significant numbers of detainees, as follows: <ul style="list-style-type: none"> <li>• Disciplinary Severity Scale</li> <li>• Prohibited Acts</li> <li>• Sanctions</li> </ul>	Meets Standard	
7. All facilities shall have graduated scales of offenses and disciplinary consequences as provided in this section.	Meets Standard	The disciplinary system includes graduated scales of offenses and disciplinary consequences.
8. <b>PRIORITY:</b> Incident reports are investigated within 24 hours of the incident by an officer who had no involvement in the incident. Low or moderate infractions are adjudicated by a Unit Disciplinary Committee (UDC). Unresolved cases and cases involving serious charges are forwarded by the UDC to the Institution Disciplinary Panel (IDP) for adjudication.	Meets Standard	Per policy and procedure, incident reports are investigated within 24 hours of the incident by an officer who had no involvement in the incident. Low or moderate infractions are adjudicated by a UDC. Per policy, unresolved cases and cases involving serious charges are forwarded to the IDP for adjudication. Any male detainee alleged to have committed a serious violation is immediately transferred to an adjacent facility. Investigation of the incident and all hearings and related procedures are conducted at the adjacent facility by staff assigned to that facility. Investigations and hearings for female detainees are managed as this component requires.



**STANDARD 3.1. DISCIPLINARY SYSTEM** (Key: S)

This detention standard promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions to those who do not comply.

Components	Rating	Remarks (1000 Char Max)
9. The detainee is advised in writing of his/her right, if applicable, to an initial hearing before the Unit Disciplinary Committee (UDC) within 24 hours of his/her notification of charges. The detainee is provided a copy of the Incident Report and notice of charges at least 24 hours before the start of any disciplinary proceedings.	Meets Standard	
10. The investigating officer advises the detainee of his/her right to remain silent at every stage of the disciplinary process, and ensures that he/she has a complete listing of detainee rights.	Meets Standard	The detainee is advised of each of the requirements listed in this component.
11. <b>PRIORITY:</b> A staff representative is made available upon request for all detainees facing an IDP disciplinary hearing. Detainees also have the option of receiving assistance from another detainee of their selection rather than a staff representative, subject to approval from the facility administrator.	Meets Standard	Any male detainee alleged to have committed a serious rule infraction is immediately transferred to an adjacent facility. All disciplinary hearings and related procedures for female detainees require that a staff representative be made available upon request. Policy also requires that female detainees be given the option of receiving assistance from another detainee of their selection, subject to approval from the OIC.
12. A staff representative is automatically provided for detainees who are illiterate, limited-English proficient, or without means of collecting and presenting essential evidence.	Meets Standard	
13. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	Meets Standard	Postponements or continuances are permitted when conditions warrant and the reasons are documented.
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence."	Meets Standard	
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	Meets Standard	

**STANDARD 3.1. DISCIPLINARY SYSTEM – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**STANDARD 3.1. DISCIPLINARY SYSTEM – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Procedures are in place to ensure compliance with facility rules and regulations, and to impose disciplinary sanctions to control the behavior of those who do not, and to promote a safe and orderly living environment for detainees. In evaluating this standard, the chief of security and a captain were interviewed; and policy, the local handbook, and disciplinary reports were reviewed. The facility has a progressive disciplinary policy. All detainees are made aware of facility rules and regulations through orientation, the handbook (a copy of which every detainee receives during intake), and posted copies of disciplinary rules, regulations and sanctions. Disciplinary action may not be capricious or retaliatory nor based on race, religion, national origin, sex, sexual orientation, disability, or political beliefs. The shift supervisor reviews all incident reports before going off duty.

This facility does not have a SMU for male detainees but there is one for the females. If discipline is necessary for female detainees, the process is completed as this standard requires.

**Overall Rating:** Meets Standard**Reviewer Name (Printed)**

(b)(6),(b)(7)(C)

**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

## ***Section IV: CARE***

**Food Service  
Hunger Strikes  
Medical Care  
Medical Care (Women)  
Personal Hygiene  
Suicide Prevention and Intervention  
Terminal Illness, Advance Directives, and Death**



**STANDARD 4.1. FOOD SERVICE** (Key: T)

This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> The food service program shall be under the direct supervision of an experienced food service administrator (FSA) who is responsible for:</p> <ul style="list-style-type: none"> <li>• Planning, controlling, directing, managing, and evaluating food service;</li> <li>• Managing budget resources;</li> <li>• Establishing standards of sanitation, safety and security;</li> <li>• Developing nutritionally adequate menus and evaluating detainee acceptance of them;</li> <li>• Developing specifications for the procurement of food, equipment, and supplies; and</li> <li>• Establishing a training program that ensures operational efficiency and a high quality food service program.</li> </ul>	Meets Standard	The food service department is operated by GEO personnel. The program is under the direction of an experienced and Serv-Safe certified food service administrator (FSA). The FSA is responsible for all of the bulleted requirements of this component.
<p>2. The knife cabinet must be equipped with an approved locking device. Knives must be physically secured to workstations for use outside a secure cutting room. Any detainee using a knife outside a secure area must receive direct staff supervision.</p>	Meets Standard	The tool cage is equipped with an approved locking device. Knives are not used in this facility. Dough cutters are used to process food items. There is no secure cutting room. Dough cutters are secured to the workstation while in use and detainees are directly supervised while using them. The FSA monitors the condition of all food service tools and utensils.
<p>3. Special procedures govern the handling of food items that pose a security threat.</p>	Meets Standard	None of the food items, identified by the standard as posing a security threat, are used in this facility.
<p>4. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.</p>	Meets Standard	Job descriptions for detainee workers are reviewed on an annual basis by the FSA. They were accurate and up-to-date.

**STANDARD 4.1. FOOD SERVICE** (Key: T)

This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Rating	Remarks (1000 Char Max)
5. During orientation and training session(s), the cook supervisor or equivalent explains and demonstrates: <ul style="list-style-type: none"> <li>• Safe work practices and methods.</li> <li>• Safety features of individual products/ pieces of equipment.</li> <li>• Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work.</li> </ul>	Meets Standard	Detainees working in the food service department receive orientation training on safe work practices and methods, and the safety features of the equipment they are authorized to use. Detainees also receive training regarding the safe handling of hazardous materials they are likely to encounter in their work.
6. The cook supervisor documents all training.	Meets Standard	Detainee orientation and training is documented in training files in the food service department as well as in the detainee's detention file.
7. Detainees assigned to the food service department shall have a neat and clean appearance.	Meets Standard	ICE detainees were neat and clean and wearing the appropriate headgear, gloves and hair restraints. Detainees working in the food preparation and serving areas are attired in white uniforms. All food service personnel are not provided or wearing approved rubber sole safety shoes as required by the standard. However, it should be noted that the food service standard also states that safety shoes shall be worn in FSA designated foot hazard areas.
8. Detainees are served three meals every day, at least two of which are hot meals. No more than 14 hours elapse between the last meal served and the first meal of the following day.	Meets Standard	Detainees are served three meals daily. At least two of the three meals are served hot. No more than fourteen hours elapse between the evening meal and the next day's breakfast meal.
9. Meals shall always be prepared, delivered, and served under staff supervision.	Meets Standard	
10. <b>PRIORITY:</b> Before and during the display, service and transportation of food, sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below.	Meets Standard	All foods are maintained at proper temperatures before plating and during transportation and service.

**STANDARD 4.1. FOOD SERVICE** (Key: T)

This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Rating	Remarks (1000 Char Max)
11. Servers must wear food grade plastic gloves and hair nets whenever there is direct contact with a food or beverage. Serving food without use of utensils is strictly prohibited.	Meets Standard	Detainees were observed wearing the proper gloves and hair coverings during the preparation and serving of meals. Proper utensils were used for all food items plated.
12. Utensils shall be sanitized as often as necessary to prevent cross-contamination and other food-handling hazards during food preparation and service.	Meets Standard	Utensils and food contact areas are cleaned and sanitized as necessary. Moist cloths for wiping food spills on kitchenware and food-contact surfaces on equipment are clean, rinsed frequently and soaked in approved sanitizing solution between uses. The sanitizing solution is at the appropriate ppm level.
13. If the facility does not have enough equipment to maintain the minimum or maximum temperature required for food safety, the affected items (for example, salad bar staples such as lettuce, meat, eggs, cheese) must be removed and discarded after two hours at room temperature.	Meets Standard	The facility has the appropriate equipment to maintain proper food temperatures throughout the feeding process. Feeding is completed well within the two hour timeframe.
14. Food shall be delivered from one place to another in covered containers.	Meets Standard	
15. If food carts are delivered to housing units by detainees, they must be locked unless they are under constant supervision of staff. All food safety procedures (sanitation, safe-handling, storage, etc.) apply without exception to food in transit.	Meets Standard	Officers deliver food trays to the satellite feeding areas. All food safety procedures are observed during transit.
16. <b>PRIORITY:</b> A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program.	Meets Standard	The facility is operated by The GEO Group, Inc. A complete nutritional analysis is conducted annually by the GEO corporate dietitian. The last analysis was completed on 06/14/2016. The dietitian certifies that all of the menus meet the U.S. RDA prior to their incorporation into the food service program.



**STANDARD 4.1. FOOD SERVICE** (Key: T)

This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Rating	Remarks (1000 Char Max)
17. The CS or equivalent ensures that items on the master-cycle menu are prepared and presented according to approved recipes.	Meets Standard	Approved corporate recipes are used for all prepared menu items. The FSA has considered the ethnic diversity of the facility's detainee population in the development of the cycle menus. Sample trays are prepared to instruct employees how to present the food on the food tray.
18. The CS or equivalent has the authority to change menu items if necessary, documenting each substitution, along with its justification, with a copy to the FSA. Menu substitutions will be in accordance with dietician approved substitution guidelines.	Meets Standard	Food service employees are authorized to make menu substitutions and are required to document the substitution and justification to the food service administrator. Substitutions are in accordance with dietician approved guidelines.
19. Food service staff and detainee workers involved in cooking shall ensure that potentially hazardous foods are cooked at the required safe temperatures, as listed in the Detention Standard on Food service.	Meets Standard	
20. Facilities are required to provide detainees requesting a religious diet a reasonable and equitable opportunity to observe their religious dietary practice by offering a Common Fare Menu. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	Meets Standard	The facility provides religious diets through the use of a common fare menu. Detainees requesting religious diets are referred to the facility chaplain.
21. <i>(SPCs/CDFs) Once a religious diet has been approved, the FSA shall issue, in duplicate, a special-diet identification card.</i>	Meets Standard	This DIGSA facility does not issue religious/special diet identification cards. Religious diet trays have stickers attached to identify the intended recipient. A current list of detainees prescribed a religious/special diet is maintained by food service personnel.
22. The common fare menu shall be based on a 14 day cycle. The menus must be certified as exceeding minimum daily nutritional requirements. Hot entrees shall be offered daily.	Meets Standard	The common fare menu is based on a 21 day cycle and has been certified as exceeding minimum daily nutritional requirements. Hot entrees are offered at least daily. The common fare menu does not provide a menu for the ten federal holidays.

**STANDARD 4.1. FOOD SERVICE** (Key: T)

This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Rating	Remarks (1000 Char Max)
23. The chaplain, in consultation with local religious leaders if necessary, shall develop the ceremonial meal schedule for the following calendar year and provide it to the facility administrator.	Meets Standard	A religious ceremonial meal schedule has been developed by the chaplain and provided to the food service manager. However, the schedule does not include the estimated number of participants and the special foods required.
24. The Common Fare Program shall accommodate detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year, such as Ramadan, Passover, and Lent.	Meets Standard	The facility recognizes major religious ceremonial observances and accommodates detainees abstaining from particular foods or fasting for religious purposes at those prescribed times of year. The common fare menu is available and can be modified to accommodate detainees during these observances.
25. Detainees with certain conditions – chronic or temporary; medical, dental, and/or psychological – shall be prescribed special diets as appropriate.	Meets Standard	
26. The sanitary standards, including proper temperature maintenance, are required in the food service department also apply to satellite meals, from preparation to actual delivery.	Meets Standard	Food prepared for detainee satellite meals is prepared and held at the proper temperatures and in sanitary conditions.
27. Food for satellite meals must be prepared and held at the proper temperatures until served. Satellite tray meals must be delivered and served within two hours of food being plated.	Meets Standard	Employees use thermometers at each meal to ensure that food items are within the prescribed "safe" temperature ranges. Observation of meal preparation verified that proper temperatures are maintained and documented. Food is plated and delivered well within the two hour time frame.
28. In segregation units, food rations shall not be reduced or changed or otherwise used as a disciplinary tool.	Meets Standard	

**STANDARD 4.1. FOOD SERVICE** (Key: T)

This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Rating	Remarks (1000 Char Max)
<p>29. Sack meals shall be provided for detainees being transported from the facility, and detainees arriving or departing between scheduled meal hours, and detainees in the SMU, as provided in the standard.</p> <p>Sack meals shall be of the same nutritional quality as other meals prepared by the food service.</p>	Meets Standard	Sack meal contents are consistent with requirements of the food service standard. Detainees in segregation are given sack meals only with the OIC's authorization. Medical staff is consulted when sack meals are ordered. Sack lunches for transportation are prepared solely by food service staff as required by the standard.
<p>30. The food service staff instruct detainee volunteers on:</p> <ul style="list-style-type: none"> <li>• Personal cleanliness and hygiene;</li> <li>• Sanitary techniques for preparing, storing, and serving food, and;</li> <li>• The sanitary operation, care, and maintenance of equipment.</li> </ul>	Meets Standard	Food service employees instruct all detainee volunteers regarding personal cleanliness and hygiene and the sanitary operation, care and maintenance of the equipment they are authorized to use. Detainees also receive training on the sanitary techniques for preparing, storing and serving food.
<p>31. All food service personnel, including staff and detainees, shall receive a pre-employment medical examination. The Cook Foreman or detention staff assigned to food service shall inspect all detainee food service workers on a daily basis at the start of each work period. Detainees who exhibit signs of illness, skin disease, diarrhea (admitted or suspected), or infected cuts or boils shall be removed from the work assignment and immediately referred to Health Services for determination of duty fitness.</p>	Meets Standard	<p>A detainee volunteering to be a food service worker is subject to medical clearance from the medical department prior to being hired. Food service employees receive a physical from a local physician prior to being assigned to food service and annual TB checks thereafter.</p> <p>Daily hygiene checks are conducted on both employees and detainees. Anyone with signs of illness is referred to the medical unit for assessment.</p>
<p>32. The food service department complies with food safety and sanitation requirements as prescribed by the governing health inspection authority, applicable laws and contract provisions.</p>	Meets Standard	The food service department is normally inspected annually by the San Bernardino County, Department of Public Health. Due to scheduling issues, the 2016 inspection was conducted by the State of California, Department of Public Health on 06/02/2016.



**STANDARD 4.1. FOOD SERVICE** (Key: T)

This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Rating	Remarks (1000 Char Max)
33. All facilities shall meet environmental standards for safety and sanitation.	Meets Standard	Ground fault protection is provided in the food service department, however, documentation of that fact has not been provided to the FSA by maintenance personnel. Lights in food production areas, utensil and equipment washing areas and other areas displaying or storing food, equipment or utensils are equipped with protective shielding. Fixed fire suppression systems are installed over all open flame devices. The systems are connected to the control room's annunciator panel and are equipped with a locally audible alarm. Open flame devices are equipped with automatic fuel or energy cut off controls. Hood systems are cleaned after each use and inspected every six months by a qualified contractor. The meat slicer is equipped with an anti-restart device. Toxic chemicals are used in accordance with the standard on environmental health and safety.
34. The FSA shall develop a schedule for the routine cleaning of equipment consistent with the information obtained from manufacturers or local distributors, the National Sanitation Foundation International (NSF) standards or equivalent standards of other agencies about the operation, cleaning, and care of equipment.	Meets Standard	The established schedule for routine cleaning of equipment is consistent with industry standards such as the National Sanitation Foundation International. Cleaning schedules were observed posted throughout the food service department.

**STANDARD 4.1. FOOD SERVICE** (Key: T)

This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Rating	Remarks (1000 Char Max)
35. Spray or immersion dishwashers or devices – including automatic dispensers for detergents, wetting agents, and liquid sanitizer – shall be maintained in good repair. Utensils and equipment placed in the machine must be exposed to all cycles.	Meets Standard	The dishwasher, including the automatic dispensers for detergents, wetting agents, and liquid sanitizer, are maintained in good repair. Utensils and equipment placed in the machine are exposed to all cycles. A sink with at least three compartments is used for manually washing, rinsing, and sanitizing utensils and equipment. The three compartment sink was in need of labeling at the time of inspection. Chemicals used for sanitizing are dispensed at the appropriate ppm level and temperature.
36. Adequate, sanitary, properly equipped, and conveniently located toilet facilities shall be provided for all food service staff and detainee workers.	Meets Standard	Adequate and conveniently located toilet facilities are provided to all food service staff and detainee workers.
37. The FSA is responsible for pest control in the food service department. Air curtains or comparable devices shall be used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.	Meets Standard	Orkin, a licensed pest control service provides monthly exterminating services, to include preventative spraying for indigenous pests. Air curtains are installed and operable on all outside doors within the food preparation area of the department.
38. The facility shall implement written procedures requiring administrative, medical, and/or dietary personnel to conduct the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.	Meets Standard	Written procedures require that the FSA and HSA conduct separate weekly inspections of all food service areas to include storage, equipment and food preparation areas.

**STANDARD 4.1. FOOD SERVICE** (Key: T)

This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Rating	Remarks (1000 Char Max)
<p>39. <b>PRIORITY:</b> Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee will verify and document requirements of food and equipment temperatures.</p> <p>The FSA or CS shall inspect food service areas at least weekly.</p> <p>An independent, external inspector shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.</p>	Meets Standard	<p>Cooks observe and record dish machine temperatures at each meal. Freezer and cooler temperatures are recorded twice daily. The FSA and medical personnel conduct independent weekly inspections of the department. The food service department is normally inspected annually by the San Bernardino County, Department of Public Health. Due to scheduling issues, the 2016 inspection was conducted by the State of California, Department of Public Health on 06/02/2016.</p>
40. The FSA shall develop a cleaning schedule for each food service area and post it for easy reference.	Meets Standard	
41. Each FSA shall establish procedures for storing, receiving, and inventorying food.	Meets Standard	<p>Policy delineates the procedures for receiving and inventory of stores. Prepared food items that have not been placed on the serving line are not retained for more than 24 hours. Leftovers placed on the serving line are not saved for later use and are discarded. All prepared foods held in the refrigerators are labeled to identify the product, preparation date and time.</p>
42. Store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures.	Meets Standard	<p>Storage areas were maintained to ensure that all goods were stored at least six inches off the floor. Pallets and racks are placed sufficiently away from walls to allow for pest control measures to be conducted.</p>
43. Perishables shall be stored at 35-40 F degrees to prevent spoilage and other bacterial action, and maintain frozen foods at or below zero degrees.	Meets Standard	
44. Inventory levels are established, monitored and periodically adjusted to correct excesses or shortages.	Meets Standard	<p>The facility maintains a fifteen-day minimum food supply. Inventory levels are established, monitored, and periodically adjusted to correct excesses or shortages.</p>



**STANDARD 4.1. FOOD SERVICE – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Observation of actual work processes, review of policies, and interviews with employees indicated that the food service department provides detainees with nutritious and appetizing meals prepared in accordance with industry standards. Sanitation in the food service department during the inspection was maintained at a high level. Detainees expressed a general acceptance of the variety, quality and quantity of food served.

To ensure that all cook foremen have working knowledge of all food service posts within the department, the FSA has trained the staff in all areas of the food service operation. The corporate training officer in conjunction with the FSA has devised and provided appropriate training to all food service personnel in detainee custodial issues to include training in the ICE detention standards.

The FSA has developed a meal schedule for detainee food service workers. Detainee workers will receive the same fare as other detainees. Policy does not permit detainee workers to prepare special dishes or condiments for their own or other detainees' consumption.

Approximately twenty detainees were interviewed. The majority of detainees reported being satisfied with facility services and their treatment by staff.

**Overall Rating:** Meets Standard**Reviewer Name (Printed):** (b)(6);(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

**STANDARD 4.2. HUNGER STRIKES** (Key: U)

This detention standard protects detainees' health and well-being by monitoring, counseling and providing appropriate treatment to any detainee who is on a hunger strike.

Components	Rating	Remarks (1000 Char Max)
1. All staff receive initial and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.	Meets Standard	All personnel receive pre-service and annual refresher training on recognizing the signs of a hunger strike and procedures for referral of the hunger striker to medical personnel for evaluation. Medical personnel are kept up-to-date on hunger strike evaluation and treatment through annual training.
2. Procedures for identifying and referring to medical staff a detainee suspected or announced to be on a hunger strike shall include obtaining from qualified medical personnel an assessment of whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness.	Meets Standard	Policy includes procedures for identifying and referring hunger strikers to medical personnel. A referral to mental health is also initiated to assess whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness.
3. <b>PRIORITY:</b> Facility immediately reports via the chain of command a hunger strike to ICE/ERO.	Meets Standard	The health services administrator (HSA) immediately reports a hunger strike to the OIC and ICE representative.
4. <b>PRIORITY:</b> Staff shall consider any detainee observed to have not eaten for 72 hours to be on a hunger strike, and shall refer him or her to the clinical medical authority for evaluation and management.	Meets Standard	Any detainee observed to have not eaten nine consecutive meals is considered to be on hunger strike and is referred to the physician and mental health provider.
5. During the initial evaluation of a detainee on a hunger strike, medical staff shall: <ul style="list-style-type: none"> <li>• Measure and record height and weight;</li> <li>• Measure and record vital signs;</li> <li>• Perform urinalysis;</li> <li>• Conduct psychological/psychiatric evaluation;</li> <li>• Examine general physical condition; and</li> <li>• If clinically indicated, proceed with other necessary studies.</li> </ul> Medical staff record the weight and vital signs and repeat other procedures as medically indicated of a hunger-striking detainee at least once every 24 hours. Medical staff shall record all examination results in the detainee's medical file.	Meets Standard	Guidelines on the initial medical evaluation of a hunger striker include all the bulleted items listed in this component. Weight and vital signs are taken and documented in the medical record. Other indicated laboratory tests are conducted as ordered by the physician. The hunger striker is transferred to an adjacent facility after the initial evaluation is completed.



**STANDARD 4.2. HUNGER STRIKES** (Key: U)

This detention standard protects detainees' health and well-being by monitoring, counseling and providing appropriate treatment to any detainee who is on a hunger strike.

Components	Rating	Remarks (1000 Char Max)
6. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment. If the detainee will not cooperate by signing, staff shall note this on the "Refusal of Treatment" form. Any detainee refusing medical treatment will be monitored by medical staff to evaluate whether the hunger strike poses a risk to the detainee's life or permanent health.	N/A	Hunger striking detainees are immediately transferred and housed at an adjacent facility.
7. After the hunger strike, medical staff shall provide appropriate medical and mental health follow-up care. Only the clinical medical authority may order a detainee's release from hunger strike treatment and shall document that order in the detainee's medical record. A notation will be made in the detention file when the detainee has ended the hunger strike.	Meets Standard	When a hunger striking detainee is released from hunger strike, that detainee may be transferred back to this facility and medical personnel would provide appropriate medical and mental health follow-up care.
8. After consultation with the clinical medical authority, the facility administrator may require staff to measure and record food and water intake and output until terminated by the clinical medical authority. An IHSC Hunger Strike Form or equivalent must be used.	N/A	Hunger striking detainees are immediately transferred and housed at an adjacent facility.
9. Unless otherwise directed by the medical authority, staff physically deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.	N/A	Hunger striking detainees are immediately transferred and housed at an adjacent facility.
10. Provide an adequate supply of drinking water or other beverages.	N/A	Hunger striking detainees are immediately transferred and housed at an adjacent facility.
11. Remove from the detainee's room all food items not authorized by the clinical medical authority.	N/A	Hunger striking detainees are immediately transferred and housed at an adjacent facility.
12. Before involuntary medical treatment is administered, staff shall make reasonable efforts to educate and encourage him or her to accept treatment voluntarily. Involuntary medical treatment shall be administered in accordance with established guidelines and applicable laws and only after the clinical medical authority determines the detainee's life or health is at risk.	N/A	Hunger striking detainees are immediately transferred and housed at an adjacent facility.

**STANDARD 4.2. HUNGER STRIKES – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

During initial referral, medical and mental health personnel performs their initial assessments and transfer the hunger striking detainee to the adjacent facility for treatment and monitoring. The HSA immediately reports the hunger strike to the OIC and ICE representative. The detainee is transferred back to this facility only after an evaluation and clearance by the clinical director. Procedures for identifying, referring to medical personnel and treating hunger strikers and for protecting the well-being of hunger strikers are in place. There have been no hunger strikes during this inspection period.



STANDARD 4.2. HUNGER STRIKES – Reviewer Summary	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
Overall Rating: Meets Standard	
Reviewer Name (Printed) (b)(6);(b)(7)(C)	Completion Date: 10/6/2016
Reviewer Signature (for printed form submission):	

**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>1. Every facility shall directly or contractually provide its detainee population:</p> <ul style="list-style-type: none"> <li>• Initial medical, mental health, and dental screening,</li> <li>• Medically necessary and appropriate medical, dental and mental health care and pharmaceutical services</li> <li>• Comprehensive, routine and preventive health care, as medically indicated</li> <li>• Emergency care, Specialty health care,</li> <li>• Timely responses, Mental health care,</li> <li>• Hospitalization as needed within the local community, and</li> <li>• Staff or professional language services necessary for detainees with limited English proficiency during any medical or mental health appointment, sick call, treatment, or consultation</li> </ul>	Meets Standard	Correct Care Solutions and contract providers provide all of the bulleted items listed in this component. Translation services for detainees with limited English proficiency are provided by Language Line. Victor Valley Global Medical Center, St. Mary's Hospital, and Desert Valley Hospital are utilized when hospitalization is needed.
<p>2. A designated health services administrator (HSA) or equivalent in non-IHSC staffed detention facilities shall have overall responsibility for health care services pursuant to a written agreement, contract, or job description. The HSA is a physician or health care professional and shall be identified to detainees. When the HSA is other than a physician, final clinical judgment shall rest with the facility's designated clinical medical authority. In no event should clinical decisions be made by non-clinicians.</p>	Meets Standard	The health services administrator (HSA) is the designated administrative health authority and has overall responsibility for health care services. The designated clinical medical authority, a physician, is responsible for final clinical judgement. Clinical decisions are only made by clinicians.

**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
3. <b>PRIORITY:</b> All facilities shall provide a medical staff and sufficient support personnel to meet these Standards. A staffing plan, which is reviewed at least annually, identifies the positions needed to perform the required services.	Meets Standard	The medical unit has sufficient staff to provide for the health care needs of the detainee population consistent with the requirements of the standard. The current staffing includes an HSA; an assistant HSA; a director of nursing; an assistant director of nursing (ADON); two physicians, one designated as the clinical director (CD); a psychiatrist; a dentist and a dental assistant; two nurse practitioners; four psychologists; six registered nurses; eight licensed vocational nurses; one laboratory technician, and two medical records clerk. The staffing plan is reviewed annually.
4. <b>PRIORITY:</b> All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Health care personnel only perform duties for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders.	Meets Standard	The licenses and certifications of health care personnel were reviewed and found to be current. Health care personnel only perform duties that are within the scope of their practices and training and/or pursuant to orders by personnel authorized by law to give such orders. All positions have their respective job descriptions. Credential files for everyone practicing were available on site.
5. The facility administrator, in collaboration with the clinical medical authority and HSA, negotiates and maintains arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility, as well as identifying custodial officers to transport and remain with detainees for the duration of any off-site treatment or hospital admission.	Meets Standard	The facility maintains arrangements with Victor Valley Global Medical Center, St. Mary's Hospital, and Desert Valley Hospital to provide required health care not available within the facility. Procedures are in place for transport of detainees for off-site treatment and/or hospital admission.



**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>6. <b>PRIORITY:</b> Each facility shall have written plans that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies.</p> <p>Plans shall include:</p> <ul style="list-style-type: none"> <li>• Coordination with public health authorities;</li> <li>• Ongoing education for staff and detainees;</li> <li>• Control, treatment and prevention strategies;</li> <li>• Protection of individual confidentiality;</li> <li>• Media relations;</li> <li>• Procedures for the identification, surveillance, immunization, follow-up and isolation of patients;</li> <li>• Manage infectious diseases and report them to local and/or state health departments in accordance with established guidelines and applicable laws; and</li> <li>• Management of bio-hazardous waste and decontamination of medical and dental equipment that complies with applicable laws and Detention Standard on Environmental Health and Safety.</li> </ul>	Meets Standard	Established plans address the management of infectious and communicable diseases. The written plans include all of the requirements listed in this component.
<p>7. <b>PRIORITY:</b> All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines.</p>	Meets Standard	During the admission process, detainees are screened for the symptoms of active TB disease and are given a TB skin test, unless their status is already known.
<p>8. Detainees with symptoms suggestive of TB, or with suspected or confirmed active TB disease based on clinical and/or laboratory findings, shall be placed in a functional airborne infection isolation room with negative pressure ventilation and promptly evaluated for TB disease. Patients with suspected active TB shall remain in airborne infection isolation until determined by a qualified provider to be noncontagious in accordance with CDC guidelines.</p>	Meets Standard	Detainees with symptoms suggestive of TB are transferred to an adjacent facility that has negative pressure isolation rooms. Confirmed active TB cases shall remain in this room until determined by a qualified provider to be noninfectious in accordance with the CDC guidelines.

**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>9. For all confirmed and suspected active tuberculosis cases, designated medical staff shall report:</p> <ul style="list-style-type: none"> <li>All cases to local and/or state health departments within one working day of meeting reporting criteria and in accordance with established guidelines and applicable laws</li> <li>All cases to the ICE HQ Epidemiology Unit within one working day.</li> <li>Any movement of TB patients, including hospitalizations, facility transfers, releases, or removals/deportations to the local and/or state health department and the ICE HQ Epidemiology Unit</li> </ul>	Meets Standard	All confirmed and suspected active TB cases are reported to local and/or state health departments and the ICE Epidemiology Unit within one working day by the designated medical personnel. Notification would also be provided for any movement, including hospitalization, facility transfer or release/deportation of the detainee.
<p>10. <b>PRIORITY:</b> Designated medical staff shall notify the ICE Epidemiology Unit of any varicella (e.g. herpes zoster [shingles], chicken pox) cases among ICE detainees and of any ICE detainees exposed to active varicella without a history of prior varicella or varicella immunization.</p>	Meets Standard	Per the HSA, designated medical personnel report to the ICE Epidemiology Unit all cases of varicella among ICE detainees and of any detainees exposed to active varicella without history of prior varicella or varicella immunization.
<p>11. Facilities must develop a plan to ensure the highest degree of confidentiality regarding HIV status and medical condition.</p>	Meets Standard	The established plan ensures the highest degree of confidentiality regarding a detainee's HIV status and medical condition.
<p>12. When current symptoms are suggestive of HIV infection, clinical evaluation shall determine the medical need for isolation.</p>	Meets Standard	The need for isolation is based on clinical evaluation of the patient.
<p>13. Each facility shall establish a plan to address exposure to blood-borne pathogens, including reporting.</p>	Meets Standard	Policy addresses blood-borne pathogen exposure and reporting.
<p>14. The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement, in which procedures for access to health care services are explained; access to health care services, sick call and a medical grievance process shall be included in the orientation curriculum for newly admitted detainees.</p>	Meets Standard	Upon admission, detainees watch an orientation video and are provided a copy of the detainee handbook, which includes procedures for accessing health care services, sick call and the medical grievance process.
<p>15. Detainees shall not be used for interpretation services during any medical or mental health service. Interpretation and translation services by other detainees shall only be provided in an emergency medical situation.</p>	Meets Standard	Per the ADON, detainees are not used for interpretation services during any medical or mental health service. Language Line provides translation services when needed.



**STANDARD 4.3. MEDICAL CARE** (Key: V)

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Components	Rating	Remarks (1000 Char Max)
16. Facilities shall post signs in medical intake areas in the major languages spoken by the detainee population listing what language assistance is available during any medical or mental health treatment, diagnostic test, or evaluation.	Meets Standard	A tour of the medical intake screening area revealed signs posted listing language assistance available during any medical or mental health treatment, diagnostic test, or evaluation.
17. <b>PRIORITY:</b> Medical, dental, and mental health interviews, examinations, and procedures shall be conducted in settings that respect detainees' privacy.	Meets Standard	Health care interviews, examinations and procedures are conducted in a manner that provides privacy for the detainees. The medical unit has six exam rooms and two satellite exam rooms located in the housing units.
18. A holding/waiting area shall be located in the medical facility that is under the direct supervision of custodial officers. A detainee toilet and drinking fountain shall be accessible from the holding/waiting area.	Meets Standard	A waiting area is located in the medical unit that is under the direct supervision of a correctional officer. A toilet and a sink are accessible from the waiting area.
19. Medical records shall be kept separate from detainee detention records and stored in a securely locked area within the medical unit.	Meets Standard	Medical records are kept separate from detention records and stored in a secured room in the medical unit with limited access to medical personnel.
20. If there is a specific area, separate from other housing areas, where detainees are admitted for health observation and care under the supervision and direction of health care personnel, consideration shall be given to the detainee's age, gender, medical requirements and custody classification, and the following minimum standards shall be met: <ul style="list-style-type: none"> <li>• Physician at the facility or on call 24 hours per day;</li> <li>• Qualified health care personnel on duty 24 hours per day when patients are present;</li> <li>• All patients within sight or sound of a staff member;</li> <li>• Medical housing record that is a separate and distinct section of the complete medical record; and</li> <li>• Compliance with all established guidelines and applicable laws.</li> </ul> Facilities are expected to provide detainees in medical housing access to other services such as telephone, legal access and materials consistent with their medical condition.	N/A	There are no observation rooms in this facility where detainees are admitted for medical or mental health care.



**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
21. Prior to placing a mentally ill detainee in medical housing, a determination shall be made by a medical or mental health professional that placement in medical housing is medically necessary.	Meets Standard	Per the ADON, a mentally ill detainee is assessed by qualified mental health personnel prior to transfer to an adjacent facility for mental health monitoring and treatment.
22. <b>PRIORITY:</b> Each facility shall have and comply with written policy and procedures for the management of pharmaceuticals that include procurement, inventory, prescription, dispensing, and secure storage and disposal of all prescription and nonprescription medicines.	Meets Standard	The facility complies with written pharmacy policy and procedures that address all of the listed items in this component.
23. The facility administrator and HSA shall jointly approve any non-prescription medications that are available to detainees outside of health services and they shall jointly review the list annually at a minimum.	Meets Standard	The OIC and the HSA jointly approve any non-prescription medications that are available to detainees through the commissary. The list is reviewed once a year.

**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>24. <b>PRIORITY:</b> Initial medical, dental, and mental health screening shall be done within 12 hours of arrival by a health care provider or a detention officer specially trained to perform this function.</p> <p>The screening shall inquire into the following:</p> <ul style="list-style-type: none"> <li>Any past history of serious infectious or communicable illness, and any treatment or symptoms;</li> <li>Current illness and health problems, including communicable diseases;</li> <li>Pain assessment;</li> <li>Current and past medication;</li> <li>Allergies;</li> <li>Past surgical procedures;</li> <li>Symptoms of active TB or previous TB treatment;</li> <li>Dental problems;</li> <li>Use of alcohol and other drugs;</li> <li>Possibility of pregnancy;</li> <li>Other relevant health problems identified by the CMA responsible for screening inquiry;</li> <li>Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating;</li> <li>History of suicide attempts or current suicidal/homicidal ideation or intent;</li> <li>Observation of body deformities and other physical abnormalities;</li> <li>A transgender detainee's gender self-identification and history of transition-related care, when a detainee self-identifies as transgender;</li> <li>Past hospitalizations;</li> <li>Chronic illness (including, but not limited to, hypertension and diabetes);</li> <li>Dietary needs; and</li> <li>Any history of physical or sexual victimization and when the incident occurred.</li> </ul>	Meets Standard	Intake screening of male detainees are performed in an adjacent facility before being transferred to this facility. Intake screening of female detainees are performed in this facility. A review of twenty ICE detainee medical records revealed that detainees receive intake screening by a medical professional upon admission. The screening includes all of the bulleted items listed in this component.
<p>25. If screening is performed by a detention officer, the facility shall maintain documentation of the officer's special training, and the officer shall have available for reference the training syllabus, to include education on patient confidentiality of disclosed information.</p>	N/A	Medical screenings are only performed by medical personnel.

**STANDARD 4.3. MEDICAL CARE** (Key: V)

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Components	Rating	Remarks (1000 Char Max)
26. <b>PRIORITY:</b> Any detainee indicating a known acute or emergent medical condition or demonstrating a clinically significant finding as a result of initial screening shall be evaluated by a qualified, licensed health care provider as quickly as possible, but in no later than two working days.	Meets Standard	Detainees identified with an emergent medical condition or a clinically significant finding during intake screening are evaluated by a qualified, licensed healthcare provider during the screening.
27. <b>PRIORITY:</b> If at any time during the screening process there is an indication of need, or request for, mental health services, the HSA must be notified within 24 hours. The clinical medical authority, HSA, or other qualified licensed health care provider shall ensure a full mental health evaluation if indicated. If a detainee discloses a history of sexual victimization or abuse during a medical or mental health intake screening, whether it occurred in an institutional setting or in the community, a referral to a qualified, licensed healthcare provider shall be made immediately.	Meets Standard	If a mental health referral is indicated, the HSA is notified within 24 hours. Qualified licensed health care provider or HSA ensure a full mental health evaluation. When a detainee discloses a history of sexual victimization or abuse during intake screening, whether it occurred in an institutional setting or in the community, a referral to a qualified, licensed healthcare provider is immediately made.
28. All facilities shall have policies and procedures to ensure the initial health screening and assessment is documented.	Meets Standard	Policy requires that the initial health screening and assessment be documented. Review of twenty detainee medical records confirmed documentation of these procedures.
29. <b>PRIORITY:</b> Upon completion of the in-processing health screening form, the detention officer shall immediately notify medical staff when one or more positive responses are documented. Medical staff will then assess the priority for treatment (for example, Urgent, Today, or Routine).	Meets Standard	Health screenings are performed by medical personnel. Any detainee in need of prompt medical attention is referred for care to a mid-level provider or mental health provider and assesses the priority for treatment.
30. <b>PRIORITY:</b> Limited-English proficient detainees and detainees who are deaf or hard of hearing will be provided interpretation or translation services or other assistance as needed for medical care activities.  Language assistance may be provided by another staff member competent in the language or by a professional service, such as a telephone translation service.	Meets Standard	Per the ADON, non-English speaking detainees will be provided interpretation or translation by utilizing bilingual staff or the Language Line service. TTY phone service is available for the hearing impaired at the adjacent facility.



**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
31. The clinical medical authority shall establish guidelines for evaluation and treatment of new arrivals who require detoxification.	Meets Standard	Written guidelines have been established by the clinical director for the evaluation and treatment of newly arrived detainees who require detoxification.
32. <b>PRIORITY:</b> Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition. If such documentation exists of such a health assessment within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required. Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by physician) or other healthcare provider permitted by law.	Meets Standard	Per review of twenty medical records, physical assessments are conducted by mid-level providers or physicians within fourteen days of the detainee's arrival. Physical assessment is conducted within 24 hours on detainees identified with acute or chronic medical problems.
33. A detainee's request to see a health care provider of a particular gender is accommodated, whenever possible. Otherwise, detainees are provided same sex chaperones if requested.	Meets Standard	Per the ADON, detainees are provided chaperones of the same gender as the detainee as appropriate or as requested.
34. <b>PRIORITY:</b> Where a detainee has a serious medical or mental health condition or otherwise requires special or close medical care, medical staff complete a Medical/Psychiatric Alert form (IHSC-834) or equivalent, and file the form in the detainee's medical record. Where medical staff furthermore determine the condition to be serious enough to require medical clearance of the detainee prior to transfer or removal, medical staff also place a medical hold on the detainee using the Medical/Psychiatric Alert form (IHSC-834) or equivalent, which serves to prevent ICE from transferring or removing the detainee without the prior clearance of medical staff at the facility. The facility administrator receives notice of all medical/psychiatric alerts or holds, and notifies ICE/ERO of any medical alerts or holds placed on a detainee that is to be transferred.	Meets Standard	Per the ADON, detainees with medical/psychiatric alerts and holds are documented in the medical records utilizing a local form. The OIC and ICE representative are notified of the alerts or holds.

**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>35. <b>PRIORITY:</b> The facility performs mental health intake screening, as well as mental health evaluations based on screening results, the comprehensive health assessment, medical documentation, or subsequent observations, that include prior history of mental health treatment, medications, drug use, suicidal tendencies, and abuse, observations of current physical and intellectual condition, and recommendations for any appropriate medical or custodial treatment.</p> <p>Detainees are appropriately referred to a mental health provider for diagnosis, treatment, and/or intervention, and transferred to licensed mental health facilities where detainee mental health needs exceed the capabilities of the facility.</p>	Meets Standard	A mental health screening is conducted during the intake process. A review of twenty medical records confirmed this procedure. Detainees are referred to a mental health provider when indicated. Screenings and evaluations address all of the subjects listed in this component. Transfer to a mental health facility is considered if a detainee's mental health needs exceed the capabilities of the facility.
<p>36. <b>PRIORITY:</b> Any detainee referred for mental health treatment shall receive a comprehensive evaluation by a licensed mental health provider as clinically necessary no later than 72 hours after the referral, or sooner if necessary.</p> <p>The provider shall develop an overall treatment/management plan that may include transfer to a mental health facility if the detainee's mental illness or developmental disability needs exceed the treatment capability of the facility.</p>	Meets Standard	Per review of medical records, a detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider as soon as possible, but not later than 72 hours of the referral. A treatment plan is developed by the provider in conjunction with the detainee. The plan may consider transfer to a mental health facility if the detainee's mental health or disability needs exceed the capabilities of the medical unit.
<p>37. Any detainee prescribed psychiatric medications must be regularly evaluated by a duly-licensed and appropriate medical professional, at least once a month, to ensure proper treatment and dosage.</p>	Meets Standard	Per the ADON, any detainee receiving psychiatric medications is regularly evaluated by a duly licensed medical professional on a monthly basis to ensure proper treatment and dosage. A review of medical records confirmed this practice.
<p>38. The facility has a mental health staffing component on call to respond to the needs of the detainee population 24 hours a day, seven days a week.</p>	Meets Standard	Mental health providers are placed on call to respond to detainee needs 24 hours a day, seven days a week.



**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
39. The clinical medical authority may place in medical isolation a detainee who is at high risk for violent behavior because of a mental health condition. The clinical medical authority must provide for reassessment on a daily basis the need for continued medical isolation for the health and safety of the detainee.	Meets Standard	Per the ADON, the clinical medical authority or mental health provider may transfer a detainee at high risk for violent behavior because of a mental health condition in isolation at the adjacent facility.
40. <b>PRIORITY:</b> The facility shall have written procedures for restraints for medical or mental health purposes that specify: <ul style="list-style-type: none"> <li>• The conditions under which restraints may be applied;</li> <li>• The types of restraints to be used;</li> <li>• The proper use, application, and monitoring of restraints;</li> <li>• Requirements for documentation, including efforts to use less restrictive alternatives; and</li> <li>• After-incident review.</li> </ul>	Meets Standard	Written procedures for use of restraints for medical or mental health purposes address all of the bulleted item in this component. Restraints are not used on pregnant detainees.
41. <b>PRIORITY:</b> Involuntary administration of psychotropic medications to detainees shall comply with established guidelines and applicable laws and only pursuant to the specific, written and detailed authorization of a physician. Absent declared medical emergency, before psychotropic medication is involuntarily administered, it is required that the HSA contact ERO Management, who shall contact respective DHS/ICE Chief Counsel. The authorizing physician shall: <ul style="list-style-type: none"> <li>• Review the medical record of the detainee and conduct a medical examination;</li> <li>• Specify the reasons for and duration of therapy and whether the detainee has been asked if he or she would consent to such medication;</li> <li>• Specify the medication to be administered, the dosage, and the possible side effects of the medication;</li> <li>• Document that less restrictive intervention options have been exercised without success;</li> <li>• Detail how the medication is to be administered;</li> <li>• Monitor the detainee for adverse reactions and side effects; and</li> <li>• Prepare treatment plans for less restrictive alternatives as soon as possible.</li> </ul>	Meets Standard	Guidelines established for the involuntary administration of psychotropic medications comply with applicable laws. Any such administration would occur only pursuant to the specific, written and detailed authorization of a physician. The HSA or his designee would contact ICE prior to administration of treatment. Policy addresses all of the bulleted items listed in this component.



**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
42. A detainee that is in ICE custody for over a year continuously shall receive health examinations on an annual basis. Detainees shall have access to age and gender appropriate exams annually, including rescreening for tuberculosis.	Meets Standard	Per the ADON, ICE detainees who are in custody for over a year receive annual health assessments which include age and gender appropriate exams and rescreening for TB. A review of medical records confirmed this practice.
43. An initial dental screening exam shall be performed within 14 days of the detainee's arrival. <ul style="list-style-type: none"> <li>Emergency dental treatment shall be provided for immediate relief of pain, trauma and acute oral infection.</li> <li>Routine dental treatment may be provided to detainees in ICE custody for whom dental treatment is inaccessible for prolonged periods because of detention for over six (6) months. Dental exams and treatment are provided only by licensed dental personnel.</li> </ul>	Meets Standard	A review of ICE detainee medical records revealed that a dental screening exam is conducted within fourteen days of the detainee's arrival. Routine dental treatment may be provided to detainees in detention for over six months. Dental exams and treatment are provided only by licensed dental personnel.
44. <b>PRIORITY:</b> Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting. This procedure shall include: <ul style="list-style-type: none"> <li>Clearly written policies and procedures;</li> <li>Sick call process will be communicated in writing and verbally to detainees during their orientation;</li> <li>Regularly scheduled "sick call" times will be established and communicated to detainees;</li> <li>All facilities must have an established procedure in place to ensure that all sick call requests are received and triaged by appropriate medical personnel within 24 hours after the detainee submits the request. In an urgent situation, the housing unit officer shall notify medical personnel immediately.</li> </ul> All detainees, including those in Special Management Units, regardless of classification, shall have access to sick call.	Meets Standard	Sick call procedures allow detainees the unrestricted opportunity to freely request medical, mental health, and dental services. Detainees have access to sick call seven days a week by depositing a completed sick call request slip in a locked box located in the housing units. The requests slips are collected daily by medical personnel and triaged according to the urgency of the problem and seen within 24 hours. This facility has a special management unit (SMU) for female detainees. Medical personnel conduct daily checks on each detainee in the SMU. A detainee-specific log is utilized by medical personnel to document visits made to each of the SMU detainees. Detainees submit a request form to the nurse and triaged according to the urgency of the problem. Information on the sick call process is given verbally, through an orientation video and detainee handbook.

**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
45. If the procedure uses a written request slip, they shall be provided in English and the most common languages spoken by the detainee population of that facility. Limited-English proficient detainees and detainees who are deaf or hard of hearing will be provided interpretation/translation services as needed or other assistance as needed to complete a request slip.	Meets Standard	Request slips are available in English and Spanish. Limited-English proficient detainees and detainees who are deaf or hard of hearing will be provided interpretation/translation services as needed.
46. Medical personnel shall review the request slips and determine when the detainee will be seen based on acuity of the problem. All facilities shall maintain a permanent record of all sick call requests.	Meets Standard	Medical personnel review the request slips and triage based on the acuity of the problem. Sick call requests are filed in the medical record.
47. <b>PRIORITY:</b> Each facility shall have a written emergency services plan for the delivery of 24-hour emergency health care.  A plan shall be prepared in consultation with the facility's clinical medical authority or the HSA. The plan will include the following: <ul style="list-style-type: none"> <li>• An on-call physician, dentist, and mental health professional, or designee, that are available 24 hours per day;</li> <li>• A list of telephone numbers for local ambulances and hospital services available to all staff;</li> <li>• An automatic external defibrillator (AED) will be maintained for use at each facility and accessible to staff;</li> <li>• All detention and medical staff shall receive cardio pulmonary resuscitation (CPR, AED) , and emergency first aid training annually;</li> <li>• Security procedures that ensure the immediate transfer of detainees for emergency medical care.</li> </ul>	Meets Standard	The facility has a written emergency services plan for the delivery of 24-hour emergency health care. The plan was developed in consultation with the HSA and the CD. Medical personnel are on site 24 hours a day, seven days a week. The physicians, psychiatrist, and dentist are scheduled for on-call duties. Emergency medical services are activated when indicated by calling 911. The facility has three AEDs. All detention personnel receive CPR, and AED training. A list of telephone numbers for local ambulance and hospital services are available to all medical personnel. The facility also has security procedures for the immediate transfer of detainees in need of emergency medical care.



**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>48. <b>PRIORITY:</b> Training is provided to all detention and health care personnel at least annually by a responsible medical authority in cooperation with the facility administrator, and includes:</p> <ul style="list-style-type: none"> <li>• Responding to health-related situations within four (4) minutes;</li> <li>• Recognizing of signs of potential health emergencies and the required responses;</li> <li>• Administering first aid, AED and cardiopulmonary resuscitation (CPR);</li> <li>• Obtaining emergency medical assistance through the facility plan and its required procedures;</li> <li>• Recognizing signs and symptoms of mental illness and suicide risk;</li> <li>• The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.</li> </ul>	Meets Standard	Per review of the training syllabus, training addresses all of the bulleted items in this component. Review of the training logs verified that medical and detention personnel receive this training annually.
<p>49. The designated health authority and facility administrator shall determine the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.</p>	Meets Standard	The OIC and the HSA determine the contents, locations, use protocols and procedures of first aid kits. The kits are inspected every night by medical personnel.
<p>50. Distribution of medication (including over the counter) shall be in accordance with specific instructions and procedures established by the HSA in consultation with the CMA. Written records of all medication given to or refused by detainees shall be maintained. Detainees may not deliver or administer medications to other detainees.</p>	Meets Standard	Medications are distributed by medical personnel in accordance with procedures established by the HSA and clinical director. Medication administration records are utilized to document medications given to the detainee. Detainees do not deliver or administer medications to other detainees.



**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>51. If prescribed medication must be delivered at a specific time when medical staff is not on duty, it may only be distributed by detention officers who have received proper training by the HSA or designee, where it is permitted by state law to do so.</p> <p>The facility shall maintain documentation of the training given any officer required to distribute medication, and the officer shall have available for reference the training syllabus or other guide or protocol provided by the health authority.</p>	N/A	All medications are administered by medical personnel.
52. Qualified health care personnel shall provide detainees health education and wellness information.	Meets Standard	Health education and wellness information is provided by qualified medical personnel.
53. The clinical medical authority for each facility must have a plan to notify ICE in writing of any detainee with special needs. The written notification must become part of the detainee's health record file.	Meets Standard	Medical personnel notify ICE personnel of any detainee with special needs utilizing a local form. The written notification becomes part of the detainee's medical record.
54. Consistent with the IHSC Detainee Covered Services Package, detainees are provided medical prosthetic devices or other impairment aids, such as eyeglasses, hearing aids, or wheelchairs, except when such provisions would impact the security or safety of the facility.	Meets Standard	Detainees are provided medical prosthetic devices or other impairment aids consistent with IHSC Detainee Covered Services Package except when such provisions would impact the security or safety of the facility.
55. <b>PRIORITY:</b> When a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan that includes access to health care and other personnel regarding care and supervision, shall be developed and approved by the appropriate qualified licensed health care provider, in consultation with the patient, with periodic review.	Meets Standard	Detainees who require close supervision are enrolled in a chronic care clinic. The detainee is evaluated by the physician, with periodic follow-up as needed. A written treatment plan is developed in consultation with the detainee. A review of medical records confirmed this practice.
56. Transgender detainees who were already receiving hormone therapy when taken into ICE custody shall have continued access. All transgender detainees shall have access to mental health care, and other transgender-related health care and medication based on medical need. Treatment shall follow accepted guidelines regarding medically necessary transition-related care.	Meets Standard	Per the ADON, transgender detainees who were already receiving hormone therapy have continued access. All transgender detainees have access to the health care outlined in this component as medically appropriate.

**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>57. The facility HSA must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status.</p> <p>Upon transfer to another facility, the medical provider shall ensure that the detainee's full medical record and at least 7 day (or, in the case of TB medications, 15 day; and HIV/AIDS medications, 30 day) supply of medication shall accompany the detainee. Upon release from ICE custody, the detainee shall receive up to a 30 day supply of medication as ordered by the prescribing authority and a copy of his complete medical record.</p>	Meets Standard	A Medical Summary of a Federal Inmate/Alien in Transit form is completed for a transferring detainee and includes continuity of care instructions. Medications are provided in accordance with the requirements of this component. Upon release from ICE custody, the detainees receive up to a 30-day supply of medication as ordered by the prescribing authority. A copy of the complete medical record accompanies the detainee when he/she is transferred to another facility or released from ICE custody.
<p>58. <b>PRIORITY:</b> Documented informed consent, consistent with standards of the jurisdiction, is obtained from a detainee before medical treatment is administered. If a detainee refuses consent to treatment, medical staff explain the medical risks if treatment is declined and document their efforts in the detainee's medical record.</p>	Meets Standard	Informed consent for medical treatment is obtained from a detainee during admission. Additional consent is obtained for indicated special procedures. If a detainee refuses treatment, medical personnel will explain the risks and the encounter is documented in the medical record.
<p>59. If a detainee refuses treatment and the clinical medical authority or designee determines that the treatment is necessary, ICE/ERO shall be consulted in determining whether involuntary treatment shall be pursued.</p> <p>Involuntary treatment is a decision made only by medical staff under strict legal restrictions. Prior to any contemplated action involving non-emergent involuntary medical treatment, DHS / ICE respective Chief Counsel will be consulted.</p>	Meets Standard	Per the ADON, if a detainee refuses a treatment that is medically necessary, ICE will be consulted prior to any contemplated action involving involuntary medical treatment. Involuntary treatment is a decision made only by medical professionals under strict legal restrictions.



**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>60. <b>PRIORITY:</b> The HSA shall maintain a complete health record on each detainee that is:</p> <ul style="list-style-type: none"> <li>Organized uniformly in accordance with appropriate accrediting body standards;</li> <li>Available to all practitioners and used by them for health care documentation;</li> <li>Properly maintained and safeguarded in a securely locked area within the medical unit separately from other detention records.</li> </ul>	Meets Standard	A complete medical record is maintained on each detainee. The records are organized and are used by medical practitioners for health care documentation. The records are stored in a secured room in the medical unit. Access to medical records is limited and restricted to medical personnel. The medical unit has recently started using electronic medical records. The system is ID and password protected with limited access to medical personnel.
<p>61. All medical providers, as well as detention officers and staff, shall protect the privacy of detainees' medical information in accordance with established guidelines and applicable laws. These protections apply, not only to records maintained on paper, but also to electronic records where they are used. Staff training must emphasize the need for confidentiality and procedures must be in place to limit access to health records to only authorized individuals and only when necessary.</p>	Meets Standard	The privacy of detainees' medical information is protected in accordance with established guidelines and applicable laws. Medical personnel and detention officers receive training on the Health Insurance Portability and Accountability Act (HIPAA). Access to the medical records is limited and restricted to medical personnel.
<p>62. The HSA shall provide the facility administrator and designated staff information that is necessary:</p> <ul style="list-style-type: none"> <li>To preserve the health and safety of the detainee, other detainees, staff, or any other person.</li> <li>For administrative and detention decisions such as housing, voluntary work assignments, security, and transport.</li> <li>For management purposes such as audits and inspections.</li> </ul>	Meets Standard	Medical personnel provide the OIC and other staff members with need-to-know information for the reasons listed in this component.
<p>63. Copies of health records shall be released by the HSA directly to a detainee or their designee, at no cost to the detainee, within a reasonable timeframe after receipt by the HSA of a written authorization from the detainee.</p>	Meets Standard	A detainee wanting copies of his/her medical records completes an Authorization for Release of Health Information form. Medical records are released directly to a detainee or their designee by the HSA within a reasonable time frame and free of charge.



**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
64. Detainees who indicate they wish to obtain copies of their medical records shall be provided with the appropriate request form. ICE/ERO, or the facility administrator, shall provide limited-English proficient detainees and detainees who are deaf or hard of hearing with interpretation or translation services or other assistance as needed to make the written request and assist in transmitting the request to the facility HSA.	Meets Standard	Detainees are provided copies of their medical records upon written request. Translation services via Language Line will be provided as needed in making the written request. Detainees who are deaf or hard of hearing will also be provided assistance as needed.
65. <b>PRIORITY:</b> The HSA shall be given advance notice prior to the release, transfer, or removal of a detainee, so that medical staff may determine and provide for any medical needs associated with the transfer, release, or removal.	Meets Standard	Per the ADON, the medical unit is given at least 24 hours advance notice prior to release, transfer, or removal of a detainee.
66. <b>PRIORITY:</b> Upon receiving notification that a detainee is to be transferred, appropriate medical staff at the sending facility notify the facility administrator of any medical/psychiatric alerts or holds that have been assigned to the detainee, as reflected in the detainee's medical records. The facility administrator notifies ICE/ERO of any medical alerts or holds placed on a detainee that is to be transferred. Those detainees who are currently placed in a medical hold status are evaluated and cleared by a licensed independent practitioner prior to transfer or removal. In addition, the CMA or designee informs the facility administrator in writing if the detainee's medical or psychiatric condition requires a medical escort during transfer or removal.	Meets Standard	Per the ADON, medical staff notify the OIC in writing, of any medical/psychiatric alerts or holds that have been assigned to the detainee. Detainees placed in a medical hold status are evaluated and cleared by a licensed independent practitioner prior to release or transfer. In addition, the OIC is also notified if the detainee's condition requires a medical escort.
67. When a detainee is transferred within the ICE Health Service Corps (IHSC) system, ICE ensures that: <ul style="list-style-type: none"> <li>Form USM-553, or equivalent Medical Transfer Summary, and a copy of the detainee's full medical record accompanies the detainee; and</li> <li>The full medical record is placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."</li> </ul> When a detainee is transferred to an IGSA detention facility, the sending facility ensures that the Transfer Summary accompanies the detainee. A copy of the full medical record accompanies each detainee during transfer unless extenuating circumstances make this impossible, in which case the full medical record follows as soon as practicable.	Meets Standard	A Medical Summary of Federal Prisoner/Alien in Transit form is completed for each detainee and accompanies the detainee being transferred. The transfer summary includes all the bulleted items listed in this component. The form is placed in an envelope marked "Confidential Medical Records". A copy of the complete medical record accompanies the detainee when he/she is transferred to an IGSA facility.

**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
68. Detainees released or removed from detention receive a discharge treatment plan to ensure continuity of care, full copy of their medical record, medication and referrals to community-based providers as medically appropriate.	Meets Standard	A detainee released from ICE custody receives a discharge treatment plan for continuity of care, full copy of their medical record, medication and referrals to community based providers as necessary.
69. Detainees will not participate in medical, pharmaceutical or cosmetic research while under the care of ICE detention facilities. This does not preclude the use of approved clinical trials that may be warranted for a specific detainee's diagnosis or treatment when recommended and approved by the clinical medical director. Such measures require documented informed consent.	Meets Standard	Detainees do not participate in medical, pharmaceutical, or cosmetic research. Informed consent and approval by the medical director would be needed for a detainee to participate in an approved clinical trial.
70. <b>PRIORITY:</b> The HSA shall implement a system of internal review and quality assurance that includes data analysis, a multidisciplinary committee with regular monitoring of health service outcomes, and assessment of ongoing education and training needs.	Meets Standard	The medical unit has a continuous quality improvement program. A multidisciplinary committee meets quarterly to monitor and discuss health services outcomes.
71. The HSA shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least annually.	Meets Standard	Per policy, intra-organizational clinical performance enhancement/external peer review is conducted annually for all independently licensed medical professionals.

**STANDARD 4.3. MEDICAL CARE – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

When TB treatment is indicated, multi-drug, anti-TB therapy is administered using directly observed therapy (DOT). Active TB disease is ruled out before treatment for latent TB infection is initiated. International referrals are coordinated with the IHSC Epidemiology Unit and local/state health departments. There is a written plan to address the management of hepatitis A, B, and C, and HIV. Detainees may request hepatitis and HIV testing at any time. Medical personnel provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines. Medical and pharmacy personnel ensure that all FDA medications currently approved for the treatment of HIV/AIDS are accessible. Detainees with active tuberculosis are evaluated for possible HIV infection. New HIV-positive diagnoses are reported to government bodies according to state and local laws and requirements; the HSA is responsible for ensuring that all applicable state requirements are met.

Pharmaceutical management policy includes: a formulary, obtaining non-formulary medications, prescription practices, perpetual inventory, medication administration error reports, and training. Medications are stored in locked medication cart located in a room with solid walls from floor to ceiling and a solid ceiling, solid door with high security lock which has limited access to medical personnel. Controlled medications are stored in a double locked drawer in the medication cart. Detainees experiencing severe intoxication or withdrawal are immediately transferred to the emergency department for treatment and



**STANDARD 4.3. MEDICAL CARE – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)*

referral.

A medical provider reviews health assessments to assess priority for treatment. Mental health evaluations and screenings include: reason for referral, mental health history, drug/alcohol use history, suicide attempts, current suicidal/homicidal ideation, medications, intellectual functioning, history of abuse, pertinent physical condition, and treatment recommendations.

The emergency medical services plan includes provisions for expedited entrance to and exit from the facility. Non-medical personnel contact medical personnel when questioning the need for emergency care. Emergency response equipment is available. All medications and treatments are provided on schedule. Provisions are made to secure medically necessary medications. Detainees are not charged for any medical services to include pharmaceuticals dispensed by medical personnel.

Informed consent is obtained on admission. Separate informed consent is obtained for use of psychotropic medications. Detainee treatment questions are answered by medical personnel. Detainees sign a refusal for treatment when appropriate. Refusals are reviewed to determine reasons for refusal. The written authorization for release of health information is retained in the medical record. Lab results are made available to detainees post transfer or release. Inactive medical records are retained.

The agenda of quarterly administrative meetings includes items per standard. The quality assurance review includes items per standard. Detainees request an independent health examination by submitting a written request to the FOD. The cost of the exam is at the detainee's expense.

LabCorp provides off-site laboratory services. The facility has a current Clinical Laboratory Improvement Amendment (CLIA) waiver for limited on-site testing. CMMS provides radiology services. Medications are provided by Correct Rx Pharmacy. Monthly biomedical waste disposal is through Stericycle. The facility has a current NCCHC accreditation. The facility is adequately staffed and equipped to meet the health care needs of the detainees. Intake screenings and physical assessments are conducted in a timely manner. Chronic care services and mental health services are provided in a timely manner with regular follow up. Policy ensures that detainees have access to a continuum of health care services. Wellness counseling and health education are provided. Detainees receive medical care in a clean and sanitary environment. Ten male and ten female detainees were interviewed and have no concerns regarding their medical care. Health care not provided on site is provided through community hospitals. Evaluation of this standard was based on review of policies, training modules, training logs and monitoring forms and interviews with staff members.

**Overall Rating:** Meets Standard**Reviewer Name (Printed)** (b)(6);(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**



**STANDARD 4.4. MEDICAL CARE (WOMEN)** (Key: W)

This detention standard ensures that female detainees in U.S. Immigration and Customs Enforcement (ICE) custody have access to appropriate and necessary medical and mental health care.

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> In addition to the medical, mental health, and dental services provided to every detainee as required by standard "4.3 Medical Care," the facility directly or contractually provides its female detainees with access to:</p> <ul style="list-style-type: none"> <li>• Pregnancy services, including pregnancy testing, routine or specialized prenatal care, postpartum follow up, lactation services, and abortion services, as outlined herein;</li> <li>• Counseling and assistance for pregnant women in keeping with their express desires in planning for their pregnancy, whether they desire abortion, adoptive services, or to keep the child;</li> <li>• Mental health assessments for all detainees who have recently given birth, miscarried, or terminated a pregnancy; and</li> <li>• Routine, age-appropriate, gynecological health care services, including women's specific preventive care.</li> </ul>	Meets Standard	Correct Care Solutions medical personnel and contract personnel provide medical, dental, and mental health services. A review of medical records confirmed these practices as listed in all the bulleted items in this component. A pregnancy test is performed on all female detainees during the intake process.
<p>2. Within 12 hours of arrival, during their initial medical screening, all female detainees shall receive information on services related to women's health care as provided for in this standard and standard "4.3 Medical Care."</p>	Meets Standard	All female detainees receive information on services related to women's health care during the intake process.
<p>3. If the initial medical intake screening indicates the possibility of pregnancy, recent sexual assault, violence or history of mental health illness, an initial health appraisal shall be completed as soon as possible, but no more than 24 hours after arrival.</p>	Meets Standard	Female detainees indicating any of the listed items during the intake process are scheduled for their health appraisal as soon as possible but no more than 24 hours after admission.

<b>STANDARD 4.4. MEDICAL CARE (WOMEN)</b> (Key: W)		
This detention standard ensures that female detainees in U.S. Immigration and Customs Enforcement (ICE) custody have access to appropriate and necessary medical and mental health care.		
<b>Components</b>	<b>Rating</b>	<b>Remarks (1000 Char Max)</b>
<p>4. All initial health assessments of female detainees include a thorough evaluation and assessment of the reproductive system. In addition to the criteria listed on the health assessment form, the evaluation inquires about the following:</p> <ul style="list-style-type: none"> <li>• Pregnancy testing and documented results;</li> <li>• If the detainee is currently nursing (breastfeeding);</li> <li>• Use of contraception;</li> <li>• Reproductive history (number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.);</li> <li>• Menstrual cycle;</li> <li>• History of breast and gynecological problems;</li> <li>• Family history of breast and gynecological problems; and</li> <li>• Any history of physical or sexual victimization and when the incident occurred.</li> </ul> <p>A pelvic and breast examination, pap test, baseline mammography, and sexually transmitted disease (STD) screening are offered and provided as deemed appropriate or necessary by the medical provider.</p>	Meets Standard	Initial health assessments of female detainees include a thorough evaluation of the reproductive system and all the bulleted items in this component. A review of health records confirmed this practice. Pelvic and breast examinations, Pap test, baseline mammography, and sexually transmitted disease screening are offered as deemed appropriate by the medical provider.
<p>5. Female victims of sexual abuse are granted immediate access to emergency medical treatment and crisis intervention services. The facility provides access by giving detainees the current mailing addresses and telephone numbers, including toll-free hotline numbers, of local, state and/or national organizations that provide these services.</p>	Meets Standard	Female victims of sexual abuse are granted immediate access to emergency medical treatment and crisis intervention services. Detainees are referred to community hospitals for forensic evidence gathering and further treatment. Information on local, state and/or national organizations that provide these services is given to the detainees.
<p>6. Upon request, appropriately trained medical personnel within their scope of practice provide detainees with non-directive (impartial) advice and consultation about family planning and birth control, and where medically appropriate, prescribe and dispense birth control.</p>	Meets Standard	Per the ADON, detainees are offered non-directive advice and consultation about family planning and birth control. Birth control is prescribed and dispensed when medically indicated.



**STANDARD 4.4. MEDICAL CARE (WOMEN)** (Key: W)

This detention standard ensures that female detainees in U.S. Immigration and Customs Enforcement (ICE) custody have access to appropriate and necessary medical and mental health care.

Components	Rating	Remarks (1000 Char Max)
<p>7. <b>PRIORITY:</b> A pregnant woman or woman in post-delivery recuperation is not restrained absent truly extraordinary circumstances that render restraints absolutely necessary as documented by a supervisor or directed by the on-site medical authority. Restraints are never permitted on women who are in active labor or delivery. Restraints are not considered an option unless one or more of the following applies:</p> <ul style="list-style-type: none"> <li>• A medical officer has directed the use of restraints for medical reasons;</li> <li>• Credible, reasonable grounds exist to believe the detainee presents an immediate and serious threat of hurting herself, staff, or others; or</li> <li>• Reasonable grounds exist to believe the detainee presents an immediate and credible risk of escape that cannot be reasonably minimized through any other method.</li> </ul>	Meets Standard	Per policy, a pregnant woman or a woman in post-delivery are not restrained. Furthermore, restraints are not permitted on women who are in active labor or delivery. Use of restraints may only be considered when one or more of the bulleted items apply.
<p>8. In the rare event that restraints are used, medical staff determine the safest method and duration for the use of restraints, and the least restrictive restraints necessary shall be used. No detainee known to be pregnant shall be restrained in a face-down position with four-point restraints, on her back, or in a restraint belt that constricts the area of the pregnancy. All attempts are made to ensure that the detainee is placed on her left side if she is immobilized.</p>	Meets Standard	In the rare event that restraints are used, medical personnel would determine the safest method and duration of the restraint. No pregnant detainee would be restrained in a face-down position with four-point restraints, on her back, or in a restraint belt that constricts the area of the pregnancy. There have been no pregnant detainees restrained during this inspection period.

**STANDARD 4.4. MEDICAL CARE (WOMEN) – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Preventative services specific to women are offered for routine age-appropriate screenings, to include breast examinations, Pap smears, STD testing and mammograms. Pregnant detainees are under close medical supervision and have access to prenatal and specialized care, and comprehensive counseling inclusive of, but not limited to, nutrition, exercise, complications of pregnancy, prenatal vitamins, labor and delivery, postpartum care, lactation, family planning, abortion services and parental skills education. Detainees with high risk pregnancies are referred, as appropriate, to a physician specializing in high risk pregnancies. Pregnancy management and outcomes are monitored, quarterly, through a continuous quality improvement process.

Restraints are not used on pregnant women. In the event continued detention is necessary and appropriate, and consistent with the practice of ICE federal partners, and the life of a detainee would be endangered by carrying a fetus to term, or in the case of rape or incest, ICE assumes the costs associated with a detainee's decision to terminate a pregnancy. ICE arranges for transportation for pregnancy termination at no cost to the detainee for the medical appointment and, if requested by the



**STANDARD 4.4. MEDICAL CARE (WOMEN) – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)*

detainee, for access to religious counseling, and non-directive (impartial) medical resources and social counseling, to include outside social services or community resources groups. If a detainee requests to terminate a pregnancy, the request is documented in the medical record with a statement personally signed by the detainee. The signed statement leaves no doubt as to the detainee's intent.

Policy ensures that female detainees have access to appropriate and necessary medical and mental health care in a timely manner which includes pregnancy services and female health care. Evaluation of this standard was based on review of detainee medical records and interviews with medical and detention personnel.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed)** (b)(6),(b)(7)(C)

**Completion Date:** 10/6/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 4.5. PERSONAL HYGIENE** (Key: X)

This detention standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.

Components	Rating	Remarks (1000 Char Max)
1. Each detention facility shall have a written policy and procedures for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items.	Meets Standard	Written policy outlines procedures for the issuance and exchange of clothing, bedding, linens, towels and personal hygiene items.
2. Clothing or shoes that are lost, unserviceable, indelibly stained, or bear offensive or otherwise unauthorized markings should be discarded and replaced as soon as practicable.	Meets Standard	Clothing that is worn out, stained, or bear unauthorized markings are discarded and replaced.
3. All new detainees shall be issued clean, indoor/outdoor temperature-appropriate, size appropriate, presentable clothing during in-processing at no cost to the detainee. The standard issue of clothing is at least two uniform shirts and two pairs of uniform pants or two jumpsuits; two pairs of socks; two pairs of underwear; two brassieres, as appropriate; and one pair of facility-issued footwear.	Meets Standard	Clothing issued during in-processing is clean, indoor/outdoor temperature-appropriate and presentable and is provided at no cost to the detainee.
4. Each detainee assigned to a special work area shall be clothed in accordance with the requirements of the job and, when appropriate, provided protective clothing and equipment.	Meets Standard	A detainee assigned to a special work area is given a uniform in accordance with the requirements of the job and provided protective clothing and equipment when appropriate.
5. Staff shall provide male and female detainees personal hygiene items appropriate for their gender, including at a minimum, one bar of bath soap (or equivalent), comb, tube of toothpaste, toothbrush, bottle of shampoo (or equivalent), container of skin lotion, and feminine hygiene items, and shall replenish supplies as needed. The distribution of hygiene items shall not be used as reward or punishment.	Meets Standard	Detainees are issued gender-appropriate personal hygiene items upon admission. The items are replenished as needed. Hygiene items are not used as reward or punishment.
6. Razors must be strictly controlled. Disposable razors will be provided to detainees on a daily basis. Razors will be issued and collected daily by staff.	Meets Standard	Disposable razors are issued on a daily basis and collected after each use by the detention officer.
7. Female detainees shall be issued and may retain feminine hygiene items as needed.	Meets Standard	

**STANDARD 4.5. PERSONAL HYGIENE** (Key: X)

This detention standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.

Components	Rating	Remarks (1000 Char Max)
8. Detainees shall be provided an adequate number of toilets 24 hours per day that can be used without staff assistance when detainees are confined to their cells or sleeping areas.	Meets Standard	The number of toilets provided does not meet the minimum ratio of one for every twelve male detainees or one for every eight female detainees. However, a waiver was approved for this requirement by the Deputy Assistant Director of the Detention and Management Division on 06/07/2016.
9. An adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day.	Meets Standard	Each housing unit has an adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day.
10. Operable showers that are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit, to ensure safety and promote hygienic practices.	Meets Standard	Operable showers are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit. Temperature logs were reviewed and reflected the required temperature.
11. Detainees with disabilities shall be provided the facilities and support needed for self-care and personal hygiene in a reasonably private environment in which the individual can maintain dignity.	Meets Standard	Detainees with disabilities are afforded accommodation and provided support needed for self-care and personal hygiene in a reasonably private environment in which the individual can maintain dignity. ADA compliant toilet and shower facilities are available in each of the housing units.



**STANDARD 4.5. PERSONAL HYGIENE** (Key: X)

This detention standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.

Components	Rating	Remarks (1000 Char Max)
<p>12. <b>PRIORITY:</b> Detainees shall be provided with clean clothing, linen and towels on the following basis:</p> <ul style="list-style-type: none"> <li>A daily change of socks and undergarments. An additional exchange of undergarments shall be made available to detainees if necessary for health or sanitation reasons.</li> <li>At least twice weekly exchange of outer garments (with a maximum of 72 hours between changes).</li> <li>At least weekly exchange of sheets, towels, and pillowcases.</li> <li>An additional exchange of bedding, linens, towels, or outer garments shall be made available to detainees if necessary for health or sanitation reasons, and more frequent exchanges of outer garments may be appropriate, especially in hot and humid climates.</li> </ul>	Meets Standard	Detainees receive enough undergarments to ensure a daily change is available. Socks and undergarments are laundered seven days a week; outer garments are laundered twice a week with a maximum of 72 hours between changes. Sheets, towels, and pillowcases are exchanged twice a week and blankets are exchanged quarterly. More frequent exchanges are available as needed for health or sanitation reasons.

**STANDARD 4.5. PERSONAL HYGIENE – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility, for good practice, maintains an excess clothing inventory of at least two hundred percent of the maximum funded detainee capacity to be prepared for unforeseen circumstances. The facility has available at all times, more clothing, bedding, linen and towels than needed to supply the maximum funded detainee capacity to allow for the immediate replacement of items that are lost, destroyed, or worn out. Additional clothing is issued as necessary for changing weather conditions or as seasonally appropriate. For both males and females, personal items of clothing, including undergarments, are not permitted. Female detainees are prohibited to have cosmetics, electric rollers, curling irons, hair dryers and similar appliances. The housing units have one washbasin for every twelve detainees. Assistance to disabled detainees who cannot perform basic life functions is provided by employees who are trained and qualified to understand problems and challenges faced by persons with physical and/or mental impairments. Standard issue of bedding includes one mattress, two blankets, and one pillow. Additional blankets are issued based on local indoor-outdoor temperatures; linens include two sheets, one pillowcase and one towel. Volunteer detainee workers may exchange outer garments more frequently than every 72 hours as required. Food service workers exchange outer garments daily. Clothing exchanges are on a one-for-one basis to prevent hoarding and to ensure an adequate supply. Detainees are not permitted to wash clothing, bedding, linens, tennis shoes or other items in the living units.

Evaluation of the standard was based on review of the standard, policy and the detainee handbook; tour of the housing units; and personnel interviews. Policies and procedures ensure that detainees are able to maintain acceptable personal hygiene through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels and personal hygiene items.

**Overall Rating:** Meets Standard

**Reviewer Name (Print)** (b)(6);(b)(7)(C)

**Completion Date:** 10/6/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION** (Key: Y)

This detention standard protects the health and well-being of ICE detainees through a comprehensive Significant Self-Harm and Suicide Prevention and Intervention Program that minimizes risk.

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> The facility has a written suicide prevention and intervention program that is reviewed and approved by the clinical health authority, approved and signed by the administrative health authority and Facility Administrator and reviewed annually.</p> <p>At a minimum, the Program shall include procedures to address suicidal detainees. Key components of this program include:</p> <ul style="list-style-type: none"> <li>• Staff training,</li> <li>• Identification,</li> <li>• Referral,</li> <li>• Evaluation,</li> <li>• Treatment,</li> <li>• Housing,</li> <li>• Monitoring,</li> <li>• Communication,</li> <li>• Intervention,</li> <li>• Notification and reporting,</li> <li>• Review, and</li> <li>• Debriefing.</li> </ul>	Meets Standard	The written suicide prevention and intervention program is reviewed and approved by the clinical health authority, and approved and signed by the HSA and the OIC. The program is reviewed annually and includes all of the bulleted items listed in this component.
<p>2. <b>PRIORITY:</b> All facility staff who interact with and/or are responsible for detainees are trained, during orientation and at least annually on the facility's Suicide Prevention and Intervention Program, to include:</p> <ul style="list-style-type: none"> <li>• Why the environments of detention facilities are conducive to suicidal behavior,</li> <li>• Standard first aid training, cardiopulmonary resuscitation (CPR) training and training in the use of emergency equipment,</li> <li>• Liability issues associated with detainee suicide,</li> <li>• Recognizing verbal and behavioral cues that indicate potential suicide,</li> <li>• Demographic, cultural, and precipitating factors of suicidal behavior,</li> <li>• Responding to suicidal and depressed detainees,</li> <li>• Communication between correctional and health care personnel,</li> <li>• Necessary referral procedures,</li> <li>• Housing observation and suicide-watch procedures,</li> <li>• Follow-up monitoring of detainees who have attempted suicide, and</li> <li>• Reporting and written documentation procedures.</li> </ul>	Meets Standard	All detention and health care personnel are trained during pre-service and annually thereafter on the facility's suicide prevention and intervention program. The program includes all of the bulleted items listed in this component. Volunteers also receive training on this program. Training logs were reviewed and confirmed the provision of this training.



**STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION** (Key: Y)

This detention standard protects the health and well-being of ICE detainees through a comprehensive Significant Self-Harm and Suicide Prevention and Intervention Program that minimizes risk.

Components	Rating	Remarks (1000 Char Max)
3. <b>PRIORITY:</b> Detainees who are identified as being “at risk” for significant self-harm or suicide shall immediately be referred to a mental health provider, who shall evaluate the detainee within 24 hours of the referral.	Meets Standard	Detainees identified as being at risk for significant self-harm or suicide are immediately referred to the mental health provider. Qualified personnel evaluate the detainee within 24 hours of the referral.
4. Evaluation by a mental health provider of detainees who are identified as being “at risk” for significant self-harm or suicide will be documented in the medical record and include: <ul style="list-style-type: none"> <li>• Relevant history,</li> <li>• Environmental factors,</li> <li>• Lethality of suicide plan,</li> <li>• Psychological factors,</li> <li>• A determination of level of suicide risk,</li> <li>• Level of supervision needed,</li> <li>• Referral/transfer for inpatient care (if needed),</li> <li>• Instructions to medical staff for care, and</li> <li>• Reassessment time frames.</li> </ul>	Meets Standard	Evaluation of an at-risk detainee by a mental health provider includes all of the bulleted items listed in this component. The evaluation is documented in the medical record.
5. Detainees who are placed on suicide watch are to be re-evaluated by appropriately trained and qualified medical staff on a daily basis and this re-evaluation is documented in the detainee’s medical record. Only the mental health professional, clinical medical authority, or designee may terminate a suicide watch after a current suicide risk assessment is completed.	N/A	Detainees placed on suicide watch are transferred to the adjacent facility.
6. <b>PRIORITY:</b> Suicidal detainees should be closely supervised in a setting that minimizes opportunities for self-harm. The isolation room designed for evaluation and treatment must be free of objects or structural elements that could facilitate a suicide attempt, and security staff shall ensure that the area for suicide observation is initially inspected so that there are no objects that pose a threat to the detainee’s safety. A suicidal detainee may be placed in the Special Management Unit only if space has been approved for this purpose by medical staff and such space allows for unobstructed observation.	N/A	Detainees placed on suicide watch are transferred to the adjacent facility.



**STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION** (Key: Y)

This detention standard protects the health and well-being of ICE detainees through a comprehensive Significant Self-Harm and Suicide Prevention and Intervention Program that minimizes risk.

Components	Rating	Remarks (1000 Char Max)
7. A detainee placed in a special isolation room designed for evaluation and treatment must receive continuous one-to-one monitoring, documented every 15 minutes or more frequently if necessary.  Detainees not placed in an isolated confinement setting must receive documented close observation at staggered intervals not to exceed 15 minutes.	N/A	Detainees placed on suicide watch are transferred to the adjacent facility.
8. All detainees on suicide precautions are checked at least every 8 hours by clinical staff, and provided daily mental health treatment by a qualified clinician.	N/A	Detainees placed on suicide watch are transferred to the adjacent facility.
9. Detainees are provided suicide smocks to wear when medically indicated, and under circumstances are held without clothing.	N/A	Detainees placed on suicide watch are transferred to the adjacent facility.
10. Following a suicide attempt, security staff shall initiate and continue appropriate life-saving measures until relieved by arriving medical personnel.	Meets Standard	Appropriate life saving measures are initiated and continued by detention personnel until relieved by arriving medical personnel.
11. In the event of a suicide attempt or a completed suicide, all appropriate ICE and IHSC officials shall be notified through the chain of command. The victim's family and appropriate outside authorities, as appropriate, shall also be immediately notified.  Medical staff shall complete an Incident Report Form within 24 hours.	Meets Standard	All appropriate ICE officials and outside authorities are notified through the chain of command in the event of a suicide attempt or completed suicide. The victim's family is notified by ICE. Medical personnel will complete an incident report within 24 hours.
12. Every completed suicide shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees within 24 to 72 hours after the critical incident.	Meets Standard	Per policy, every completed suicide and serious suicide attempt is subject to the mortality review process. Debriefing must be provided to all affected staff members and detainees.

**STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Personnel are trained that the practice of "contracting for safety" is not used at the facility. When medical personnel determine that a detainee is at imminent risk of bodily injury, they may recommend hospitalization for the purposes of evaluation or treatment. A court order is sought, if necessary.

Based on an evaluation, a mental health provider or trained medical personnel develop a documented treatment plan that is placed in the medical record. The treatment plan includes strategies and interventions to be followed by staff and the detainee if suicidal ideation reoccurs; strategies for improved functioning; and regular follow-up appointments based on level of acuity. When a staff member identifies someone who is at risk of significant self-harm or suicide, the detainee is placed on suicide precautions and is immediately referred to a qualified mental health professional.

**STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)*

Any detainee who is believed to be in need of seclusion, and/or restraint due to self-harming or suicidal behavior is transferred to a psychiatric facility, if deemed medically necessary, to appropriately treat the needs of the detainee.

After discharge from suicide watch, detainees are re-assessed by qualified medical staff members at intervals consistent with the level of acuity. When transferred into ICE custody, ICE inquires into any known prior suicidal behaviors, and if identified, ICE ensures detainee safety pending medical provider evaluation.

The clinical director is notified when the detainee is referred to the local hospital emergency room. In the event of a suicide attempt or completed suicide, all personnel who came into contact with the detainee before the incident submit statements including their knowledge of the detainee and the incident. There was one suicide attempt during this inspection period. A female detainee was seen by the unit officer attempting to jump over from the upper tier to the lower tier of the housing unit. The officer called for assistance. Medical and detention personnel responded immediately and were able to deter the detainee from jumping over. She was immediately evaluated by the physician and transferred to a community hospital for treatment. The detainee was admitted at the hospital and discharged after ten days. The detainee returned to the facility and was evaluated by medical and mental health providers with continued follow-up care.

Evaluation of this standard was based on review of policies, training modules, training logs and on interviews with detention and medical personnel. Established policy and procedures on suicide prevention and intervention protect the detainee's health and well-being. Employees are provided adequate training in recognizing potential signs and situations of risk, proper intervention, referral and treatment on an annual basis. Suicidal detainees are transferred to an adjacent facility for treatment and observation.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed):** (b)(6);(b)(7)(C)

**Completion Date:** 10/6/2016

**Reviewer Signature (for printed form submission):**



**STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH** (Key: Z)

This detention standard ensures that each facility's continuum of health care services addresses terminal illness and advance directives, and provides specific guidance in the event of a detainee's death.

Standard N/A

Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
1. When a detainee's medical condition becomes life-threatening, he/she is transferred to an appropriate off-site medical or community facility, if necessary. The facility's clinical medical authority or health services administrator immediately notifies the facility administrator and/or ICE/ERO Field Office Director (FOD) of the detainee's condition both verbally and in writing, describing the detainee's illness and prognosis. The facility administrator or designee immediately notifies ICE/ERO and IHSC.	Meets Standard	Per the ADON, when a detainee's condition becomes life-threatening, the detainee is transferred to an appropriate off-site medical facility if the needed care cannot be provided on site. The OIC and AFOD are notified immediately of the detainee's condition by the HSA verbally and in writing. A written report briefly describing the illness and prognosis is given to the OIC.
2. The FOD or designee shall immediately notify (or make reasonable efforts to notify) the detainee's next-of-kin of the medical condition and status, the detainee's location, and the visiting hours and rules at that location, in a language or manner which they can understand.	Meets Standard	Per policy, the detainee's next-of-kin is notified of his/her medical condition and status, location, and visiting hours by the FOD or his designee in a language or manner which they can understand.
3. Once a detainee is diagnosed as having a terminal illness or remaining life expectancy of less than one year, medical staff offer the detainee access to forms or other related materials on Advance Directives or Living Wills. When the detainee is at an off-site facility, that facility is expected to assist the detainee in completing an Advance Directive and/or Living Will.  All facilities shall use the State Advance Directive form (in which the facility is located) for implementing Living Wills and Advance Directives.	Meets Standard	Per policy, once a detainee is diagnosed as having a terminal illness or has a remaining life expectancy of less than one year, medical personnel will assist the detainee in obtaining forms or related materials on advance directives or living wills. The state advance directive form for implementing living wills and advance directives is used.
4. When the terms of the advanced directive must be implemented the medical professional overseeing the detainee's care will contact the appropriate ICE/ERO representative.	Meets Standard	When terms of the advance directive must be implemented, the HSA will contact appropriate ICE representatives.
5. Each facility holding detainees shall establish written policy and procedures governing DNR orders in accordance with the laws of the state in which the facility is located.	Meets Standard	Established written policy and procedures regarding DNR orders are in accordance with the laws of the state.



**STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH** (Key: Z)

This detention standard ensures that each facility's continuum of health care services addresses terminal illness and advance directives, and provides specific guidance in the event of a detainee's death.

Standard N/A

Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
6. Health care will continue to be provided consistent with the DNR order.	Meets Standard	Per the ADON, health care consistent with the DNR order and short of resuscitation will continue to be provided.
7. The detainee's medical file shall include documentation validating the DNR order.	Meets Standard	Per the ADON, the detainee's medical file would include documentation validating the DNR order.
8. The facility shall follow written procedures for notifying attending medical staff of the DNR order.	Meets Standard	Written procedures for notifying the attending medical provider of the DNR order would be followed.
9. The facility has procedures to address the issues of organ donation by detainees.	Meets Standard	Policy includes procedures addressing organ donation by detainees.
10. Each facility shall have written policy and procedures that are followed to notify ICE/ERO officials, next-of-kin, and consulate officials of a detainee's death while in custody.	Meets Standard	Written policy and procedures are followed for notifying appropriate ICE officials of a detainee's death. ICE officials will notify the next of kin, and consulate officials.
11. Within seven calendar days of the date of notification (in writing or in person), the family shall have the opportunity to claim the remains.	Meets Standard	Per policy, if family members cannot be located or decline orally or in writing to claim the remains, ICE officials will notify the consulate.
12. If family members cannot be located or decline orally or in writing to claim the remains, ICE/ERO shall notify the consulate.	Meets Standard	Per policy, if family members cannot be located or decline orally or in writing to claim the remains, ICE officials will notify the consulate.
13. The facility administrator shall specify policy and procedures regarding responsibility for proper distribution of the death certificate.	Meets Standard	Policy establishes procedures and responsibility for proper distribution of the death certificate. HSA is responsible for obtaining the death certificate.

**STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH** (Key: Z)

This detention standard ensures that each facility's continuum of health care services addresses terminal illness and advance directives, and provides specific guidance in the event of a detainee's death.

Standard N/A

Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
14. The facility's written procedures for autopsies shall address, at a minimum: <ul style="list-style-type: none"> <li>• Contacting the local coroner or medical examiner, in accordance with established guidelines and applicable laws;</li> <li>• Scheduling the autopsy;</li> <li>• Identifying the person who will perform the autopsy;</li> <li>• Obtaining the official death certificate, and</li> <li>• Transporting the body to the coroner or medical examiner's office.</li> </ul>	Meets Standard	Established procedures address all of the bulleted items in this component.
15. Medical staff shall arrange for the approved autopsy to be performed by the local coroner or medical examiner in accordance with established guidelines and applicable laws.	Meets Standard	Per policy, medical personnel will arrange for the approved autopsy to be performed by the local coroner in accordance with established guidelines and appropriate laws.

**STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

When a detainee is hospitalized, IHSC managed care and the HSA follow up on a daily basis to receive information about major developments. In conjunction with medical providers, ICE provides family members and any others as much opportunity for visitation as possible, in keeping with the safety, security and good order of the facility. Advanced directive guidelines include having a living will other than the generic form made available by medical staff; appointing another individual to make advance decisions for him/her; and having a private attorney prepare the documents at the detainee's expense.

DNR policy complies with the following stipulations: A DNR order written by a staff physician is approved by the clinical director; it protects basic patient rights and complies with state requirements; a decision to withhold resuscitative services is considered only under specified conditions (the detainee has a terminal illness, the detainee has requested and signed the order, the decision is consistent with sound medical practice and is not in any way associated with any measures to hasten death); the medical file includes explicit directions regarding DNR and forms and memoranda regarding diagnosis and prognosis, express wishes of the detainee, immediate family's wishes, consensual decisions and recommendations of medical professionals identified by name and title, mental competency evaluation and informed consent.

Procedures for organ donation include: the organ recipient is an immediate family member; no blood or blood products are donated; all costs are at the expense of the detainee; the detainee signs a statement documenting his/her decision to donate the organ to a specific family member, his/her understanding of the risks, that the decision is undertaken without coercion or duress, and that the government is not responsible for any resulting medical complications or financial obligations; medical staff assist in the preliminary medical evaluation and the facility coordinates arrangements for the donation.

**STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)*

The facility turns over the property of a deceased detainee to ICE within a week. ICE gives the property of deceased detainees to the next-of-kin within two weeks, unless it is being held as part of an investigation. ICE may assist the family with transporting the remains to a location in the U.S. If neither family nor consulate claims the remains, ICE schedules an indigent's burial, after contacting the Department of Veterans Affairs to determine burial benefits. The chaplain may advise the warden about religious considerations in remains disposition. ICE does not authorize cremation or donation of the remains for medical research. The original death certificate is sent to the person who claims the remains and a certified copy is placed in the A-file.

While an autopsy decision is pending, no actions are taken that could affect the validity of the results. The FOD verifies and accommodates the detainee's religious preference prior to autopsy or embalming.

Policy and procedures ensure the facility's continuum of health care services addresses terminal illness and advanced directives and provides guidance in the event of a detainee's death. There were no deaths during this inspection period. Evaluation of this standard was based on review of policies, and interviews with facility detention and medical personnel and ICE staff.

**Overall Rating:** Meets Standard

**Reviewer Name (Print):** (b)(6),(b)(7)(C)

**Completion Date:** 10/6/2016

**Reviewer Signature (for printed form submission):**



## ***Section V: ACTIVITIES***

**Correspondence and Other Mail**  
**Escorted Trips for Non-Medical Emergencies**  
**Marriage Requests**  
**Recreation**  
**Religious Practices**  
**Telephone Access**  
**Visitation**  
**Voluntary Work Program**

**STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL** (Key: AA)

This detention standard ensures that detainees shall be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.

Components	Rating	Remarks (1000 Char Max)
1. Each facility shall have written policy and procedures concerning detainee correspondence and other mail.	Meets Standard	
2. <b>PRIORITY:</b> A detainee is considered "indigent" if he or she has less than \$15.00 in his or her account. Indigent detainees will be permitted to mail a reasonable amount of mail each week at government expense, as determined by the ICE/ERO, including the following: <ul style="list-style-type: none"> <li>An unlimited amount of special correspondence or legal mail, within reason.</li> <li>At least three pieces of general correspondence.</li> <li>Packages as deemed necessary by ICE.</li> </ul> Each facility shall have written procedures that explain how indigent detainees can request postage at government expense.	Meets Standard	Policy and the detainee handbook address the requirements of this component. Indigent detainees may request services as described in this component from the housing unit officer or ICE officer.
3. The facility shall notify detainees of its rules on correspondence and other mail through the Detainee Handbook, or supplement, provided to each detainee upon admittance, and shall post those rules in each housing area.	Meets Standard	
4. The facility shall provide key information to detainees in languages spoken by any significant portion of the facility's detainee population.	Meets Standard	All information is provided in English and Spanish, and in other languages when needed.
5. <b>PRIORITY:</b> Detainee correspondence and other mail shall be delivered to the detainee and to the postal service on regular schedules. <ul style="list-style-type: none"> <li>Incoming correspondence shall be distributed to detainees within 24 hours (one business day) of receipt by the facility.</li> <li>Outgoing correspondence shall be delivered to the postal service no later than the day after it is received by facility staff or placed by the detainee in a designated mail depository, excluding weekends and holidays.</li> </ul>	Meets Standard	Mail is delivered to detainees and the postal service within the required timelines.
6. All facilities shall implement procedures for the inspection of all incoming general correspondence and other mail (including packages and publications) for contraband in the presence of the detainee (unless otherwise authorized by the facility administrator).	Meets Standard	Incoming general correspondence is opened and inspected in the presence of the detainee.

**STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL** (Key: AA)

This detention standard ensures that detainees shall be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.

Components	Rating	Remarks (1000 Char Max)
7. All facilities shall implement procedures for inspecting incoming special correspondence and legal mail for contraband in the presence of the detainee. Detainees shall sign a logbook upon receipt of special correspondence and/or legal mail to verify that the special correspondence or legal mail was opened in their presence. Incoming special correspondence and legal mail may not be read.	Meets Standard	Incoming special correspondence is opened and inspected for contraband in the presence of the detainee. The detainee signs the logbook verifying that the mail was opened in his/her presence.
8. Outgoing special correspondence and legal mail shall not be opened, inspected, or read.	Meets Standard	Outgoing special correspondence is not opened, inspected or read.
9. All facilities shall implement policies and procedures addressing acceptable and non-acceptable mail.	Meets Standard	Policies and procedures are in place addressing acceptable and unacceptable mail. The handbook outlines the specific guidelines used by the facility.
10. When an officer finds an item that must be removed from a detainee's mail, he or she shall make a written record.	Meets Standard	The mail room clerk documents items removed from a detainee's mail and advise the detainee and the sender on a facility specific form.
11. Prohibited items discovered in the mail shall be handled as follows: <ul style="list-style-type: none"> <li>A receipt shall be issued to the detainee for all cash, which shall be safeguarded and credited to the detainee's account in accordance with the Detention Standard on Funds and Personal Property.</li> <li>Identity documents, such as passports, birth certificates, etc., shall be placed in the detainee's A-file. Upon request, the detainee shall be provided with a copy of the document, certified by an ICE/ERO officer to be a true and correct copy.</li> </ul>	Meets Standard	
12. The facility shall provide a postage allowance at government expense to all detainees, if the facility does not have a system for detainees to purchase stamps.	Meets Standard	Stamps are available in the commissary.
13. The facility shall provide writing paper, envelopes, and writing implements at no cost to ICE detainees.	Meets Standard	
14. All facilities shall have written policy and procedures regarding mail privileges for detainees housed in a Special Management Unit.	Meets Standard	

**STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)



**STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

The facility has written policy and procedures concerning detainee correspondence and other mail. The rules for correspondence and other mail, which are provided to detainees in the handbook and are posted in the housing units, address all information required by the standard.

The quantity of correspondence a detainee may send or receive at his/her own expense is not limited. Detainees are not limited to postcards. The detainee handbook outlines how to obtain writing implements, paper and envelopes, and how indigent detainees can request postage at government expense.

Incoming priority mail, overnight mail, certified mail and deliveries from a private package service are recorded in a logbook. Detainees must sign the log. Packages and publications are subject to certain restrictions. Detainees are not permitted to send or receive packages without the prior approval of the warden or designee. Detainees must pay postage for packages, unless deemed necessary by the warden or ICE officers.

Inspection of the mail is for the purpose of detecting contraband and to maintain security. Reading of the mail must be authorized by the warden or designee. Outgoing general correspondence is inspected if it is addressed to another detainee or there is reason to believe that it may present a threat to the facility or others.

Rejected mail is considered contraband and is handled in accordance with the contraband standard. Both the sender and the addressee are provided a written explanation, signed by the mail room supervisor, when the facility rejects incoming or outgoing mail. Detainees may appeal rejection of correspondence through the detainee grievance system. According to the mail room supervisor, soft contraband is returned to the sender.

Correspondence to/from the news media is considered special correspondence if properly identified as such. Detainees may not receive compensation or anything of value for correspondence with the media and may not act as a reporter or publish under a byline.

The facility provides assistance to any detainee without legal representation who requests certain services in connection with a legal matter, including notary public and certified mail services. When timely communication through the mail is not possible, a request to use a facsimile device between the detainee and designated legal representative is referred to ICE officers.

A review of policy, mail room logbooks and local handbook content; interviews with detainees, mail room clerks and housing unit officers; and observation of the clerk distributing mail in the housing units confirmed that detainees are able to correspond with family, the community, legal representatives, government/consular officials and the media through an established and accessible mail system.

**Overall Rating:** Meets Standard**Reviewer Name (Printed):** (b)(6), (b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

**STANDARD 5.2. TRIPS FOR NON-MEDICAL EMERGENCIES** (Key: AB)

This detention standard permits detainees to maintain ties with their families through emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.

Standard N/A

Click the above button if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
1. On a case-by-case basis, and with approval of the respective Field Office Director, the facility administrator may allow a detainee, under ICE/ERO staff escort: <ul style="list-style-type: none"> <li>To visit a critically ill member of his or her immediate family</li> <li>To attend an immediate-family member's funeral and/or wake</li> <li>To attend a family-related state court proceeding.</li> </ul>	N/A	
2. Facility staff assist detainees in preparing requests for non-medical emergency trip requests. The Field Office Director is the approving official for all non-medical escorted trips.	N/A	
3. Escorts shall ensure that detainees with physical or mental disabilities are provided reasonable accommodations in accordance with security and safety concerns.	N/A	

**STANDARD 5.2. TRIPS FOR NON-MEDICAL EMERGENCIES – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

All non-medical emergency trips are handled by ICE.

Overall Rating: N/A (b)(6),(b)(7)(C)

Reviewer Name (Print)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):



**STANDARD 5.3. MARRIAGE REQUESTS** (Key: AC)

This detention standard ensures that each marriage request from an ICE/ERO detainee receives a case-by-case review, based on internal guidelines for approval of such requests.

Components	Rating	Remarks (1000 Char Max)
1. All facilities shall have in place written policy and procedures to enable eligible ICE/ERO detainees to marry.	Meets Standard	Policy establishes procedures for the detainee marriage process. The marriage procedures are also described in the detainee handbook.
2. A detainee, or his or her legal representative, may submit the request for permission to marry to the facility administrator or Field Office Director in writing.	Meets Standard	The detainee or his/her legal representative must submit a written request, to marry, directly to ICE.
3. The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.	Meets Standard	The AFOD considers each detainee marriage request on a case-by-case basis.
4. The facility administrator or designated Field Office staff shall notify the detainee in a timely manner of a time and place for the ceremony.	Meets Standard	ICE personnel notify the detainee in a timely manner and allow the marriage ceremony to take place in the visitation room.
5. Once the marriage has taken place, the facility administrator shall forward original copies of all documentation to the detainee's A-file and maintain copies in the facility's detention File.	Meets Standard	ICE personnel ensure that all original paperwork associated with the marriage is filed appropriately in the detainee's A-file with copies distributed to their detention file.

**STANDARD 5.3. MARRIAGE REQUESTS – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

A review of policy and interviews with employees indicated that detainees are allowed the opportunity to marry and that requests are considered on a case-by-case basis. Detainees may seek legal assistance throughout the marriage application process. Guidelines for denying a detainee's marriage request includes the following: the detainee is not legally eligible to be married; the detainee is not mentally competent, as determined by a qualified medical practitioner; the intended spouse has not affirmed, in writing, his/her intent to marry the detainee; the marriage would present a threat to the security or orderly operation of the facility; or there are compelling government interests for denying the request. A detainee may file an appeal to the FOD if the request is denied.

When a request is approved, the following guidelines are followed: the detainee, legal representative or other individual acting on the detainee's behalf will make all the marriage arrangements, including, but not limited to blood tests, obtaining marriage license, and retaining an official to perform the marriage ceremony. ICE personnel do not participate in making marriage arrangements nor serve as witnesses in the ceremony. The marriage does not interrupt nor stay any hearing, transfer to another facility or removal from the United States. Transfers do not occur solely to prevent a marriage. All arrangements are consistent with the security and orderly operation of the facility according to the following stipulations: the ceremony takes place inside the facility; all expenses relating to the marriage are borne by the detainee or person acting on the detainee's behalf; and the ceremony is private with no media publicity and only individuals essential for the marriage ceremony attend. The OIC or FOD have the right of final approval concerning the time, place and manner of all arrangements. There has been one detainee marriage since the last inspection.



STANDARD 5.3. MARRIAGE REQUESTS – Reviewer Summary		
<i>(Use following format for dates: mm/dd/yyyy)</i>		
Overall Rating: Meets Standard	(b)(6),(b)(7)(C)	
Reviewer Name (Printed):		Completion Date: 10/6/2016
Reviewer Signature (for printed form submission):		

**STANDARD 5.4. RECREATION** (Key: AD)

This detention standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.

Components	Rating	Remarks (1000 Char Max)
1. The facility provides an indoor recreation program.	Meets Standard	The facility has an indoor recreation program with written procedures. Detainees were observed participating in the recreation program during the inspection.
2. The facility provides an outdoor recreation program.	Meets Standard	The facility has an outdoor recreation program with written procedures. The facility's outdoor recreation program consists of two small recreation yards and one large outdoor recreation yard. Detainees were observed participating in the recreation program during the inspection.
3. <b>PRIORITY:</b> If outdoor recreation is available at the facility, each detainee shall have access for at least one hour daily, at a reasonable time of day, weather permitting. Detainees shall have access to clothing appropriate for weather conditions. If only indoor recreation is available, detainees shall have access for at least one hour each day to a large recreation room with exercise equipment and access to natural sunlight. All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities.	Meets Standard	Detainees have access to outdoor recreation at a reasonable time of day, weather permitting. Detainees have access to two small recreation yards and a full size outdoor soccer field. Detainees have access to outdoor recreation for approximately six hours a day. All recreation areas have access to drinking water and toilet facilities. Detainees are provided sweatshirts for cold weather conditions.
4. If a detainee is housed for more than 10 days in a facility that provides neither indoor nor outdoor recreation, he or she may be eligible for a voluntary transfer to a facility that does provide recreation.  Likewise, if a detainee is housed for more than three months in a facility that provides only indoor recreation, he or she may be eligible for a voluntary transfer to a facility that also provides outdoor recreation.	N/A	The facility provides indoor and outdoor recreation.
5. <b>PRIORITY:</b> All facilities shall have an individual responsible for the development and oversight of the recreation program. Every facility with a rated capacity of 350 or more detainees shall employ a full-time recreation specialist with special training in implementing and overseeing a recreation program, who assesses the needs and interests of the detainees.	Meets Standard	The facility employs a trained, full time, recreation specialist who is responsible for the development and oversight of the recreation program. Recreation programs are diverse and are based on the needs and interests of the detainees.

**STANDARD 5.4. RECREATION** (Key: AD)

This detention standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.

Components	Rating	Remarks (1000 Char Max)
6. All facilities shall provide recreational opportunities for detainees with disabilities.	Meets Standard	The facility is equipped per the Americans with Disabilities Act. Reasonable accommodations are provided as appropriate.
7. Exercise areas shall offer a variety of equipment. Weight training, if offered, must be limited to fixed equipment. Free weights are prohibited.	Meets Standard	Recreation activities in the outdoor areas include basketball, handball, ping-pong, stationary exercise equipment and soccer. Free weights are prohibited in all recreation areas.
8. Cardiovascular exercise shall be available to detainees for whom outdoor recreation is unavailable.	Meets Standard	Outdoor recreation is provided to all detainees.
9. <b>PRIORITY:</b> Dayrooms in general population housing units shall offer board games, television, and other sedentary activities. Detention personnel shall supervise dayroom activities, distributing games and other recreation materials daily.	Meets Standard	Board games, playing cards, leisure reading and televisions are available in the housing unit dayrooms. Each weekend, detainees have access to up to four movies and four X-Box games. Officers are responsible for the supervision of these activities and for distributing recreation materials daily.
10. Recreational activities shall be based on the facility's size and location. With the facility administrator's approval, recreational activities may include limited-contact sports, such as soccer, basketball, volleyball, and table games, and may extend to intramural competitions among units.	Meets Standard	Limited contact sports such as basketball, ping-pong, handball and soccer are available. Intramural competitions and tournaments are provided. Officers will supervise dayroom and outdoor recreation activities.
11. Recreation areas shall be under continuous supervision by staff equipped with radios or other communication devices to maintain contact with the Control Center.	Meets Standard	



**STANDARD 5.4. RECREATION** (Key: AD)

This detention standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.

Components	Rating	Remarks (1000 Char Max)
12. <b>PRIORITY:</b> Recreation for detainees housed in the SMU shall be separate from the general population. Detainees in the SMU for administrative reasons shall be offered at least one hour of exercise opportunities per day, seven days a week, outside their cells, and outdoors when practicable, and scheduled at a reasonable time. Detainees in the SMU for disciplinary reasons shall be offered at least one hour of recreation per day, five days per week, outside their cells, and outdoors when practicable, and scheduled at a reasonable time. Where cover is not provided to mitigate inclement weather, detainees shall be provided weather-appropriate equipment and attire.	Meets Standard	The facility does not have an SMU for administrative or disciplinary segregation for male detainees. Once it is determined that a male detainee needs to be separated from the general population for any reason, the detainee is transferred to an adjacent facility for SMU placement. The SMU recreation areas for female detainees are separate from the general population recreation areas. Outdoor segregation areas offer partial cover to mitigate inclement weather. Detainees housed in the SMU for administrative reasons are permitted at least six hours a day, seven days a week, of outdoor recreation, weather permitting. Detainees housed in SMU for disciplinary reasons are permitted recreation at least one hour a day, seven days a week.
13. Each detainee in a Special Management Unit (SMU) shall be offered access to exercise opportunities and equipment outside the living area and outdoors, when practicable, unless documented security, safety or medical considerations dictate otherwise.	Meets Standard	Detainees are allowed access to recreation daily unless otherwise documented for security and/or medical considerations.
14. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a written report of the action is forwarded to the facility administrator. Denial of recreation must be evaluated daily by a shift supervisor.	Meets Standard	Policy states if a detainee is denied recreation privileges, the OIC will be immediately notified and the detainee's status will be reviewed daily by a supervisor.
15. When recreation privileges are suspended, the disciplinary panel or facility administrator shall provide the detainee written notification, documentation of the reason for the suspension, any conditions that must be met before restoration of privileges, and the duration of the suspension provided the requisite conditions are met for its restoration.	Meets Standard	Policy states detainees in disciplinary segregation will receive written notification, covering the elements of this component, from the disciplinary hearing officer if their recreation privileges are suspended.
16. The case of a detainee denied recreation privileges shall be reviewed at least once each week as part of the reviews required for all detainees in SMU status.	Meets Standard	

**STANDARD 5.4. RECREATION** (Key: AD)

This detention standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.

Components	Rating	Remarks (1000 Char Max)
17. Denial of recreation privileges for more than 7 days requires the concurrence of the facility administrator and a health care professional.	Meets Standard	Policy states any denial of recreation for longer than a seven day period requires the concurrence of the HSA and the OIC.
18. The facility shall notify the ICE/ERO Field Office in writing when a detainee's denied recreation privileges exceeds 7 days.	Meets Standard	Policy requires that written notification be given to the field office when a detainee's recreation privileges have been denied for more than seven days.

**STANDARD 5.4. RECREATION – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

A review of policy, interviews with a recreation specialist, and inspection of the recreation facilities indicated that detainees have access to indoor and outdoor recreational activities, within the restraints of safety, security and good order. Recreation schedules are posted in the housing units. Policy requires that detention and/or recreation personnel search recreation areas before and after use to detect altered or damaged equipment, hidden contraband and potential security breaches. They also issue all portable equipment items and check each item for damage and general condition upon its return. Detainees are able to engage in independent recreation activities such as board games and small group activities, consistent with the safety, security and orderly operation of the facility. The OIC has established a policy concerning television viewing in the dayrooms.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed):** (b)(6), (b)(7)(C)

**Completion Date:** 10/6/2016

**Reviewer Signature (for printed form submission):**



**STANDARD 5.5. RELIGIOUS PRACTICES** (Key: AE)

This detention standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, and the orderly operation of the facility.

Components	Rating	Remarks (1000 Char Max)
1. <b>PRIORITY:</b> Detainees have opportunities to engage in practices of their religious faiths (including observance of important holy days, observance of special diets, and use of personal religious property) consistent with safety, security, and the orderly operation of the facility. Attendance at all religious activities is voluntary.	Meets Standard	Detainees participate in the practices of their religious faiths including the observance of holy days, accommodation of special religious diets, and the use of personal religious property as approved by the chaplain. Policy requires that attendance at religious functions is voluntary.
2. Efforts shall be made to allow for religious practice in a manner that does not adversely affect detainees not participating in the practice. Detainees cannot be required to participate in or attend a religious activity in order to receive a service of the facility or participate in other, nonreligious activities.	Meets Standard	Religious services are held in the chapel or multipurpose room. Attendance is voluntary and is not required in order to receive a service, or to participate in, any other nonreligious activity.
3. Religious activities shall be open to the entire detainee population, without discrimination based on a detainee's race, ethnicity, religion, national origin, gender, sexual orientation, or disability.  Accommodations will be provided to residents who have limited English proficiency, or who are deaf or hard of hearing, to ensure their access to services should they wish to participate.	Meets Standard	Religious activities are open to the entire population. The facility provides opportunities for religious observances in Spanish, Chinese and English. The facility has not encountered providing services for deaf or hard of hearing detainees, but the chaplain stated that a sign language interpretation service would be sought as needed.
4. Facility records shall reflect the limitation or discontinuance of a religious practice along with the reason for such limitation or discontinuance.	Meets Standard	There have been no limitations or discontinuance of any religious practice at this facility since the last inspection.
5. <b>PRIORITY:</b> A facility religious services coordinator manages and coordinates religious activities for detainees, which are augmented and enhanced by community clergy, contractors, volunteers, and groups that provide individual and group assembly religious services and counseling that the facility religious services coordinator cannot personally deliver.	Meets Standard	Volunteers from the local community assist the chaplain in providing individual and group religious services and counseling.
6. The chaplain or other religious coordinator shall have physical access to all areas of the facility to serve detainees.	Meets Standard	Policy states that the chaplain has physical access to all areas of the facility.



**STANDARD 5.5. RELIGIOUS PRACTICES** (Key: AE)

This detention standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, and the orderly operation of the facility.

Components	Rating	Remarks (1000 Char Max)
7. All facilities shall designate adequate space for religious activities that is sufficient to accommodate the needs of all religious groups in the detainee population fairly and equitably.	Meets Standard	Religious services are held in the facility's chapel and/or multipurpose rooms. The chapel and multi-purpose room do not include an office for the chaplain or storage space for items used in religious programs. Staff restroom facilities are available for staff and volunteers outside of the chapel areas.
8. The chaplain or religious services coordinator shall not ordinarily schedule religious services to conflict with meal times.	Meets Standard	When scheduling approved religious activities, the chaplain considers both the availability of staff supervision and the need to allot time and space equitably among the different groups. No services are scheduled during meal times.
9. When recruiting citizen volunteers, the chaplain or religious services coordinator and other staff shall be cognizant of the need for representation from all cultural and socioeconomic parts of the community.	Meets Standard	
10. Detainees who are members of faiths not represented by clergy may conduct their own services, provided they do not interfere with facility operations.	Meets Standard	
11. If requested by a detainee, the chaplain or religious services coordinator or designee shall facilitate arrangements for pastoral visits by a clergyperson or representative of the detainee's faith.	Meets Standard	The chaplain will facilitate pastoral visits by clergy or another representative of a detainee's faith, when requested.
12. Detainees may make a request for the introduction of a new component to the Religious Services program (e.g. schedule, meeting time and space, religious items and attire) to the chaplain. The chaplain or religious services coordinator may ask the detainee to provide additional information to use in deciding whether to include the practice.	Meets Standard	The chaplain will research detainee requests for the introduction of new religious program components. The chaplain will arrange for the introduction of the program as long as there is no threat to the safety and security of the facility or any policy that prohibits the specific accommodation. The chaplain will ask the detainee for additional information as needed.

**STANDARD 5.5. RELIGIOUS PRACTICES** (Key: AE)

This detention standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, and the orderly operation of the facility.

Components	Rating	Remarks (1000 Char Max)
13. Each facility shall have written policy and procedures to facilitate detainee observance of important holy days, consistent with maintaining safety, security and orderly operations, and the chaplain shall work with detainees to accommodate proper observances.	Meets Standard	Written policy outlines the procedures for the proper observance of religious holy days. The chaplains work closely with detainees to accommodate their religious needs.
14. Each facility administrator shall allow detainees access to personal religious property, both during religious services and throughout the facility, as is consistent with safety, security and orderly operation of the facility.	Meets Standard	Policy states that personal religious property includes, but is not limited to rosaries and prayer beads, oils, prayer rugs, phylacteries, medicine pouches, and religious medallions. Religious headgear is authorized to be worn throughout the facility, subject to the normal considerations of security and good order. Any other request would be reviewed by the chaplain and approved within the constraints of safety and security of the facility.
15. When a detainee's religion requires special food services, daily or during certain holy days or periods that involve fasting, restricted diets, etc., staff shall make all reasonable efforts to accommodate those requirements (for example, modifying the detainee's menus to exclude certain foods or food combinations, or providing the detainee's meals at unusual hours).	Meets Standard	Food service accommodates detainees' dietary religious needs through special religious diets and/or menu modifications of serving meals at unusual hours.
16. The chaplain or religious services coordinator shall develop the religious fast schedule for the calendar year and provide it to the facility administrator or designee.	Meets Standard	The chaplain has developed a fast schedule and provided it to the food service manager.

**STANDARD 5.5. RELIGIOUS PRACTICES – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Policy allows for religious services to be provided to detainees through the chaplain and the use of community volunteers. Volunteers are scrutinized as to their theological qualifications and required to pass a background investigation to be eligible for participation within the program. Detainees are provided with reasonable and equitable opportunities to participate in the practices of their faith. Detainees in the SMU are allowed to participate in religious practices, consistent with the safety, security, and orderly operation of the facility. Interviews with the chaplain and a review of policy indicated that the religious needs of detainees are appropriately addressed. The religious services program is supervised by one full-time chaplain. The chaplain supervises a variety of community volunteers to assist in conducting religious services. The facility requires volunteers submit to a background check and provide credentials or documentation attesting to the individual's religious affiliation. All volunteers are required to attend facility orientation. During intake each detainee will be allowed to designate a religious preference or no religious affiliation. A detainee will be able to request to change his/her religious preference

**STANDARD 5.5. RELIGIOUS PRACTICES – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)*

designation at any time by notifying the chaplain. The chaplain will monitor patterns of changes in declarations of religious preference. Detainees whose files show No Preference may be restricted from participation in those activities deemed appropriate for members only.

**Overall Rating:** Meets Standard**Reviewer Name (Printed)** (b)(6),(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**



**STANDARD 5.6. TELEPHONE ACCESS** (Key: AF)

This detention standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies, by providing them reasonable and equitable access to telephone services.

Components	Rating	Remarks (1000 Char Max)
1. To ensure sufficient access, each facility shall provide at least one operable telephone for every 25 detainees.	Meets Standard	Telephones are provided at a ratio of no less than one telephone to every ten detainees.
2. <b>PRIORITY:</b> Each facility shall ensure that detainees have access to reasonably priced telephone services. Contracts for such services shall comply with all applicable state and federal regulations and be based on rates and surcharges commensurate with those charged to the general public. Any variations shall reflect actual costs associated with the provision of services in a detention setting.	Meets Standard	At this DIGSA facility, Talton Communications provides detainee telephone services. The contract is between ICE and Talton Communications.
3. Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service and ensure that required repairs are completed quickly. Facility staff shall notify detainees and the ICE/ERO free legal service providers of procedures for reporting problems with telephones.	Meets Standard	Telephones are inspected daily by housing unit officers. The officers record malfunctioning telephones on the housing unit log and verbally report the issue to appropriate facility personnel and ICE officers. Problems are reported to Talton Communications. According to the chief of security, a Talton technician visits the facility at least weekly.
4. Facility staff is responsible for ensuring on a daily basis that telephone systems are operational and that the free telephone number list is posted. Any problems identified must immediately be logged and reported to the appropriate facility and ICE staff personnel.	Meets Standard	Housing unit officers inspect telephones daily. The list of free telephone numbers is posted in every housing unit and other areas. Officers document telephone issues in the logbook and report them to their supervisor. An ICE officer is notified of any malfunctioning telephones.
5. Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall include a recorded message on its phone system stating that all telephone calls are subject to monitoring. At each monitored telephone, place a notice that states that detainee calls are subject to monitoring. A detainee's call to a court, a legal representative, OIG, or CRCL, or for the purposes of obtaining legal representation, may not be electronically monitored.	Meets Standard	The facility has a written policy regarding the monitoring of detainee telephone calls. Detainees are informed through the detainee handbook. Signs are posted informing the detainees that all telephone calls may be monitored, excluding the list indicated in the component.

**STANDARD 5.6. TELEPHONE ACCESS** (Key: AF)

This detention standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies, by providing them reasonable and equitable access to telephone services.

Components	Rating	Remarks (1000 Char Max)
6. Each facility shall provide telephone access rules in writing to each detainee upon admission, and shall post these rules and telephone access hours where detainees may easily see them, in Spanish and other languages spoken by significant segments of the limited English proficient population where practicable. Updated telephone and consulate lists, along with a list of card and calling rates, shall be posted in the detainee housing units. Translation and interpretation services shall be provided as needed.	Meets Standard	Telephone access rules are provided to detainees in the local handbook and are posted in the housing units in English and Spanish. Updated telephone and consulate lists and telephone rates are posted in the housing units. Translation and interpretive services are provided through a language line.
7. Each facility administrator shall establish and oversee rules and procedures that provide detainees reasonable and equitable access to telephones during established facility "waking hours."	Meets Standard	Detainees are permitted to use the telephone 24 hours a day, seven days a week.
8. Detainees are afforded a reasonable degree of privacy for legal phone calls.	Meets Standard	There are privacy shields between the telephones, and the telephone banks are located away from the sleeping areas.
9. A procedure exists to assist a detainee who is having trouble placing a confidential call.	Meets Standard	
10. The facility provides the detainees with the ability to make non-collect (special access) calls, as well as international calls.	Meets Standard	
11. Even if telephone service is generally limited to collect calls, each facility shall permit detainees to make direct or free calls to the offices and individuals required by the standard. Updated lists need to be posted in the detainee housing units.	Meets Standard	Special access numbers are programmed into the detainee telephone system and are free of charge. Updated lists are posted in the housing units in English and Spanish.
12. If detainees are required to complete request forms to make direct or free calls, facility staff must assist them as needed, especially illiterate or non-English speaking detainees.	Meets Standard	Detainees are not required to complete request forms to make direct or free calls to consular offices, the OIG and/or other numbers programmed into the telephone system. Requests for other free calls are addressed in policy and include the component requirements.



**STANDARD 5.6. TELEPHONE ACCESS** (Key: AF)

This detention standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies, by providing them reasonable and equitable access to telephone services.

Components	Rating	Remarks (1000 Char Max)
<p>13. <b>PRIORITY:</b> All detainees are able to call their consulate, the DHS Office of the Inspector General, the ICE/OPR Joint Intake Center, and any organization on the ICE/ERO-provided list of free legal service providers at no charge to the detainee or receiving party. The FOD will ensure that all information is kept current and provided to each facility. Updated contact lists are posted in the detainee housing units.</p> <p>Indigent detainees are afforded the same telephone access and privileges as detainees in the general population. The indigent detainee may also request a free call to immediate family or others in personal or family emergencies or for a compelling need (to be interpreted liberally).</p>	Meets Standard	Component requirements are included in policy and confirmed by practice. The inspector was able to reach the OIG recorded message via the speed dial number, using a detainee telephone in a housing unit.
14. A facility may neither restrict the number of calls a detainee places to his/her legal representatives nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones.	Meets Standard	Legal calls are not restricted.
15. The facility has a system for taking and delivering emergency detainee telephone messages.	Meets Standard	
16. The facility shall take and deliver telephone messages to detainees as promptly as possible. When facility staff receive an emergency telephone call for a detainee, the caller's name and telephone number will be obtained and promptly given to the detainee. The detainee shall be permitted to promptly return the emergency call at their own cost within the constraints of security and safety. The facility shall enable indigent detainees to make a free return emergency call.	Meets Standard	Written policy addresses the requirements of this component.
<p>17. The facility shall provide a TTY device or Accessible Telephone (telephones equipped with volume control and telephones that are hearing-aid compatible for detainees who are deaf or hard of hearing). Detainees who are hard of hearing will be provided access to the TTY on the same terms as hearing detainees.</p> <p>Accommodations shall also be made for detainees with speech disabilities.</p>	Meets Standard	A detainee who is deaf, hard of hearing or has a speech disability requiring an accommodation would be housed at the adjacent facility. According to the chief of security, a TTY device is available at the adjacent facility. Detainees with speech disabilities would receive accommodations.



**STANDARD 5.6. TELEPHONE ACCESS** (Key: AF)

This detention standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies, by providing them reasonable and equitable access to telephone services.

Components	Rating	Remarks (1000 Char Max)
18. Even where telephone access is reasonably restricted for detainees in Special Management Units, detainees and their legal counsel shall nevertheless be accommodated in order for them to be able to communicate effectively with each other. Telephone access for legal calls, courts, government offices (including the DHS OIG and the DHS JIC) and embassies or consulates shall not be denied.	Meets Standard	
19. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process. Even in Disciplinary Segregation, however, detainees shall have some access for special purposes.	Meets Standard	
20. Generally, detainees in administrative segregation should receive the same telephone privileges that are available to detainees in the general population, subject to any safety and security considerations that may exist.	Meets Standard	
21. Upon a detainee's request, facility staff shall make special arrangements to permit the detainee to speak by telephone with an immediate family member detained in another facility.	Meets Standard	According to policy, facility personnel will facilitate requests by detainees to speak with an immediate family member housed at another facility. Reasonable limitations may be placed on the frequency and duration of such telephone calls.

**STANDARD 5.6. TELEPHONE ACCESS – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

A review of policy, the local handbook, posted telephone access rules and hours, and monitoring notices; observation of housing unit telephone banks; and interviews with ICE personnel, chief of security, warden, detainees and housing unit officers revealed detainees can maintain ties with families and others in the community through reasonable and equitable access to telephone services.

Interviews were conducted with detainees concerning telephone access and the telephone system. Detainees stated that the telephones were routinely operable and when a problem occurs, it is repaired quickly.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed):** (b)(6),(b)(7)(C)

**Completion Date:** 10/6/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 5.7. VISITATION** (Key: AG)

This detention standard ensures that detainees shall be able to maintain morale and ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order of the facility.

Components	Rating	Remarks (1000 Char Max)
1. There is a written visitation procedure, schedule, and hours for general visitation.	Meets Standard	
2. Each facility administrator shall decide whether to permit contact visits, as is appropriate for the facility's physical plant and detainee population.	Meets Standard	Contact and non-contact visitation options are provided.
3. A facility administrator may temporarily restrict visiting when necessary to ensure the security and good order of the facility. Each restriction or denial of visits shall be documented in writing, including the duration of and reasons for the restriction.	Meets Standard	
4. Each facility shall: <ul style="list-style-type: none"> <li>Make the schedule and procedures available to the public, both in written form and telephonically.</li> <li>Post that information in the visitor waiting area in English, Spanish, and, where practicable, other major languages spoken in the facility, as well as in each housing unit where detainees can easily see them.</li> </ul>	Meets Standard	Visiting schedules and procedures are posted and available by telephone as required. The information is available in English and Spanish.
5. <b>PRIORITY:</b> General visitation is permitted during set hours on Saturdays, Sundays, and holidays, and, to the extent practicable, the facility also establishes visiting hours on weekdays and during evening hours. The facility accommodates the scheduling needs of visitors for whom scheduled visiting hours pose a hardship. The number of visitors a detainee receives and the length of visits are limited only by reasonable constraints of space, scheduling, staff availability, safety, security, and good order.	Meets Standard	The visitation schedule provides visitation opportunities on weekdays, weekends and holidays, and includes evening hours. When necessary, visiting may be held during other times to accommodate visitors for whom the schedule poses a hardship.
6. Each facility shall maintain a log of all general visitors, and a separate log of legal visitors.	Meets Standard	Separate logs for general visitors and legal visitors are maintained.
7. If the facility establishes and maintains a dress code for visitors, it shall be made available to the public.	Meets Standard	Visitor dress codes are posted in the entrance to the facility.
8. The facility's visiting areas shall be appropriately furnished and arranged, and as comfortable and pleasant as practicable.	Meets Standard	The contact visiting room is furnished with tables and chairs and arranged in a manner that contributes to a comfortable visitation environment. Non-contact visitation is conducted in booths furnished with a telephone, stool and glass partition.



**STANDARD 5.7. VISITATION** (Key: AG)

This detention standard ensures that detainees shall be able to maintain morale and ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order of the facility.

Components	Rating	Remarks (1000 Char Max)
9. <b>PRIORITY:</b> The facility's written rules shall specify time limits for visits. Visits should be for the maximum period practicable but not less than one hour with special consideration given to family circumstances and individuals who have traveled long distances.	Meets Standard	Detainees are permitted a minimum of one hour for a visit. Special consideration is given to individuals who have traveled a long distance or who have unusual circumstances.
10. Facilities should have provisions to allow for contact or non-contact visitation with minor children, stepchildren and foster children. Facilities that allow visitations by minor children, stepchildren and foster children should try to facilitate contact visitation when possible. Facilities should allow detainees to see their minor children as soon as possible after admission. Generous time allotments for visitation with minor children are recommended. At facilities where there is no provision for visits by minors, ICE arranges for visits by children, stepchildren, and foster children on request, within the first 30 days.	Meets Standard	The facility permits contact visits with minor children who are accompanied by an adult.
11. Written procedures shall detail the limits and conditions of contact visits in facilities permitting them.	Meets Standard	Policy addresses the limits and conditions of contact visits.
12. While in administrative or disciplinary segregation status, a detainee ordinarily retains visiting privileges.	Meets Standard	
13. <b>PRIORITY:</b> Legal visitation is available seven (7) days a week, including holidays. Legal visitation hours provide for a minimum of eight (8) hours per day on regular business days, and a minimum of four (4) hours per day on weekends and holidays.	Meets Standard	Legal visits are permitted seven days a week, including holidays, 24 hours a day.
14. Private consultation rooms are available for meetings with legal representatives or legal assistants. There is a mechanism for the detainee and his/her legal representative or assistant to exchange documents, even when contact visitation rooms are unavailable.	Meets Standard	
15. Legal representatives and assistants are subject to a non-intrusive search - such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband.	Meets Standard	Legal representatives and assistants are subject to a metal detector inspection and may be subject to a pat search. All personal belongings pass through the metal detector.
16. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	Meets Standard	Pro bono legal organization information is posted in the housing units and intake area.
17. Facility visitation procedures shall cover law enforcement officials requesting interviews with detainees. Facilities will notify and seek approval from ICE ERO of any proposed law enforcement officer visit with a detainee.	Meets Standard	Law enforcement officials requesting interviews with detainees are required to have prior approval from ICE.



**STANDARD 5.7. VISITATION** (Key: AG)

This detention standard ensures that detainees shall be able to maintain morale and ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order of the facility.

Components	Rating	Remarks (1000 Char Max)
18. Former ICE/ERO detainees, individuals with criminal records and individuals in deportation proceedings shall not be automatically excluded from visiting. Individuals in any of these categories must so notify the facility administrator before registering for visitation privileges.	Meets Standard	ICE approval is required for these visits.

**STANDARD 5.7. VISITATION – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Visits by legal representatives are conducted in private meeting rooms with an open design that permits unassisted document exchanges. Strip searches are not required after every contact visit with a legal representative.

Legal visitors may be accompanied by interpreters. Legal visitors are not required to know the detainee's A-number in order to visit and policy permits legal visitors to call ICE prior to the visit to determine if the detainee is at the facility. Legal providers are not required to file a Form G-28 for pre-representation meetings with detainees or for representation of non-immigration matters, but must file a G-28 to represent detainees for immigration matters. Blank G-28 forms are available in the visitor entrance and online, according to the ICE officer.

Employees visually observe legal visits, but are not able to hear conversations. Legal visits may continue through counts. Upon request, legal visits may occur in general visitation areas if private consultation rooms are not available. Documents exchanged between detainees and their legal visitors are inspected by employees, but not read. Legal visiting policy is available upon request. Consultation visitation, asylum officer visits, and consular officer visits are managed within the stipulations of the Standard. NGO visitation and facility tour requests are submitted to the field office in writing and are required to state the reasons for the visit and issues to be discussed. Legitimate community service organizations may visit upon approval of ICE. News media visit only with approval of ICE.

Visitation is restricted only through the disciplinary process and criminal behavior during visits may be referred for prosecution. In those cases, the officer is required to document the action and notify the warden. The visiting room officer, with concurrence from the shift supervisor, may terminate visits involving inappropriate behavior.

Visiting hours may be limited based on space and resources. Family and friends may visit detainees, and detainees may visit other family members who are detained at this facility by special arrangement. Visitors refusing search procedures, which consist of divesting their person of personal items not permitted into the visitation area, are not permitted to visit. Policy lists the items of personal property that may enter the visitation areas, and animals are not included on that list.

Written procedures address incoming detainee property and fund deposits. Visitors are permitted to deposit money into the detainee's account. A receipt is printed for the visitor. Visitors may not give money directly to a detainee.

This standard was evaluated via policy and handbook review; interviews with staff and detainees; observation of visits in progress; and inspection of the visitation areas.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed):** (b)(6);(b)(7)(C)

**Completion Date:** 10/6/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 5.8. VOLUNTARY WORK PROGRAM** (Key: AH)

This detention standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order of the facility. While not legally required to do so, ICE/ERO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.

Standard N/A

Click the above button if ICE detainees are not authorized to work at the IGSA facility. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
1. Detainees who are physically and mentally able to work shall be provided the opportunity to participate in a voluntary work program.	Meets Standard	Policy requires that physically and mentally challenged detainees will be afforded the opportunity to engage in work projects. When determining work assignments, the detainee's disability is taken into consideration. In disputed cases, medical personnel will be consulted to ascertain the existence of a disability and what restrictions are appropriate.
2. The detainee's classification level shall determine the type of work assignment for which he/she is eligible. Generally, high custody detainees shall not be given work opportunities outside their housing units/living areas.	Meets Standard	The detainee's classification level is used to determine placement in the work program. The facility houses both males and females. High custody detainees do not work outside their housing unit.
3. ICE detainees may not work outside the secure perimeter of non-dedicated IGSA facilities.	Meets Standard	Detainees are not authorized to work outside of this IGSA facility's secure perimeter.
4. The facility administrator shall develop site-specific rules for selecting work detail volunteers in a facility procedure that will include a voluntary work program agreement.	Meets Standard	
5. Detainees shall not be denied voluntary work opportunities on the basis of such factors as a detainee's race, religion, national origin, gender, sexual orientation or disability.	Meets Standard	Policy prohibits detainees from being denied voluntary work opportunities based on the conditions described in this component.
6. While medical or mental health restrictions may prevent some physically or mentally challenged detainees from working, those with less severe disabilities shall have the opportunity to participate in the voluntary work program in appropriate work assignments.	Meets Standard	Policy requires that discrimination on the basis of disability is prohibited in the detainee work program.
7. Detainees who participate in the volunteer work program are required to work according to a fixed schedule that does not exceed 8 hours daily, 40 hours weekly.	Meets Standard	



**STANDARD 5.8. VOLUNTARY WORK PROGRAM** (Key: AH)

This detention standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order of the facility. While not legally required to do so, ICE/ERO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.

Standard N/A

Click the above button if ICE detainees are not authorized to work at the IGSA facility. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
8. Detainees shall receive monetary compensation for work completed in accordance with the facility's standard policy of at least \$1.00 (USD) per day.	Meets Standard	Detainees are compensated \$1.00 a day for participating in the voluntary work program regardless of the job assignment. The detainees are paid on a daily basis.
9. The facility administrator shall establish procedures for informing detainee volunteers about on-the-job responsibilities and reporting procedures.	Meets Standard	Detainees are provided written procedures that describe the on-the-job responsibilities and reporting procedures prior to joining the work program.
10. When a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file. Detainees are permitted to file a grievance to the facility administrator or local Field Office Director if they believe they were unfairly removed from work.	Meets Standard	Policy states that when a detainee is removed from a work detail, written documentation of the circumstances and reason for removal will be placed in the detainee's file. Detainees are free to use the grievance process to complain, if they feel they were unfairly removed from their assignment.
11. All detention facilities shall comply with all applicable health and safety regulations and standards, to include training.	Meets Standard	
12. The facility administrator shall ensure that all department heads, in collaboration with the facility's safety/training officer, develop and institute appropriate training for all detainee workers.	Meets Standard	Appropriate training programs are in place for detainees employed in facility work assignments.
13. Upon a detainee's assignment to a job or detail, the supervisor shall provide thorough instructions regarding safe work methods and, if relevant, hazardous materials.	Meets Standard	Training regarding safe work methods and working with hazardous materials is being provided to detainees employed in facility work assignments.
14. The facility shall provide detainees with safety equipment that meets OSHA and other standards associated with the task performed.	Meets Standard	Proper safety equipment was observed to be available in all work sites where detainees were employed.



**STANDARD 5.8. VOLUNTARY WORK PROGRAM** (Key: AH)

This detention standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order of the facility. While not legally required to do so, ICE/ERO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.

Standard N/A

Click the above button if ICE detainees are not authorized to work at the IGSA facility. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
15. The facility administrator shall implement procedures for immediately and appropriately responding to on-the-job injuries, including immediate notification of ICE/ERO.	Meets Standard	Policy requires that the ICE COR is immediately notified in the event that a detainee is injured on the job.

**STANDARD 5.8. VOLUNTARY WORK PROGRAM – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Interviews with employees and an inspection of training documents indicated that ICE detainees are provided the opportunity for work under a safe and sanitary environment. Detainees are provided the opportunity to work and earn money, subject to the number of work opportunities available and within the constraints of safety, security and good order. Policy mandates that the voluntary work program operate in compliance with codes and regulations of OSHA, and the NFPA. A detainee is allowed to work on only one work detail per day. Detainees who are not classified are not allowed to participate in the voluntary work program. Policy allows for detainees to file a grievance if they believe that there is insufficient justification to reject their placement in the program or believes they can perform essential functions of the work assignment.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed):** (b)(6),(b)(7)(C)

**Completion Date:** 10/6/2016

**Reviewer Signature (for printed form submission):**

## ***Section VI: JUSTICE***

Detainee Handbook  
Grievance System  
Law Libraries and Legal Material  
Legal Rights Group Presentations

**STANDARD 6.1. DETAINEE HANDBOOK** (Key: AI)

This detention standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.

Components	Rating	Remarks (1000 Char Max)
1. <b>PRIORITY:</b> Upon admission to a facility, as part of the orientation program, each detainee shall be provided a copy of the ICE National Detainee Handbook and that facility's local supplement to the handbook.	Meets Standard	Copies of the National Detainee Handbook and a local supplement are provided to detainees during admission.
2. The facility administrator shall ensure that the local supplement is translated into Spanish and, where practicable, any other language spoken by significant numbers of limited-English proficient detainees in that facility.	Meets Standard	Both handbooks are available in English and Spanish, which are the predominant languages spoken by detainees at this facility.
3. Staff shall require each detainee to verify, by signature, receipt of the handbook and maintain that acknowledgement in the detainee's detention file.	Meets Standard	Signed acknowledgements for receipt of the detainee handbooks are placed in each detainee's detention file.
4. If a detainee cannot read or does not understand the language of the handbook, the facility administrator shall arrange for the orientation materials to be read to the detainee, provide the material using audio or video tapes in a language the detainee does understand, or provide a translator or interpreter within a reasonable amount of time.	Meets Standard	The handbook will be read to illiterate detainees. Bilingual staff members are available, as well as the telephonically based language interpretive services line to address detainee questions regarding the orientation or other facility information. The orientation video is shown in the housing units during every count. The video is offered in English and Spanish. According to staff, detainees may ask questions of staff members during the intake process.
5. The facility administrator shall provide a copy of the ICE National Detainee Handbook and the local supplement to every staff member who has contact with detainees, and cover their contents in initial and annual staff training.	Meets Standard	Each employee is provided a copy of, and training regarding, the National Detainee Handbook and local supplement. Training is provided during initial orientation and annual refresher training.



**STANDARD 6.1. DETAINEE HANDBOOK** (Key: AI)

This detention standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.

Components	Rating	Remarks (1000 Char Max)
6. The facility administrator shall appoint a committee to review the local supplement annually and recommend changes. While the handbook does not have to be immediately revised and reprinted to incorporate every change, the facility administrator shall establish procedures for immediately communicating such changes to staff and detainees.	Meets Standard	Per policy, the handbook is reviewed annually, and revised as necessary, by a committee appointed by the OIC. The last revision was on 03/24/2016. Revisions are posted on bulletin boards in the detainee housing units. Copies of the changes are distributed via shift briefings to all employees.

**STANDARD 6.1. DETAINEE HANDBOOK** (Key: AI)

This detention standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.

Components	Rating	Remarks (1000 Char Max)
<p>7. <b>PRIORITY:</b> The detainee handbook (local supplement) address the following issues:</p> <ul style="list-style-type: none"> <li>• The rules, regulations, policies and procedures with which every detainee must comply</li> <li>• Detainee rights and responsibilities</li> <li>• Procedures for requesting interpretive services for essential communication</li> <li>• The facility's services and programs</li> <li>• The facility's classification system</li> <li>• Medical care</li> <li>• The facility's zero tolerance policy for all forms of sexual abuse and assault</li> <li>• The facility's rules of conduct and prohibited acts, the disciplinary scale, the sanctions imposed for violations of the rules, the disciplinary process, the procedure for appealing disciplinary findings, and detainees' rights in the disciplinary system (as required by Standard 3.1)</li> <li>• Information about the facility's grievance system, including medical grievances (as required by Standard 6.2)</li> <li>• The facility's policies on telephone access and on the monitoring of telephone calls, if telephone calls are monitored</li> <li>• The facility's visitation rules and hours</li> <li>• Rules and procedures governing access to the law library (as required by Standard 6.3) and to legal counsel</li> <li>• Content and procedures of the facility's rules on legal rights group presentations, and the availability of legal orientation programs</li> <li>• The facility's rules on correspondence and other mail (including information on correspondence procedures as required by Standard 5.1)</li> <li>• The facility's policies and procedures related to personal property (as required by Standard 2.5)</li> <li>• The facility's marriage request procedures</li> <li>• Contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility</li> <li>• Procedures to submit written questions, requests, or concerns to ICE/ERO staff, as well as the availability of assistance to prepare such requests.</li> </ul>	Meets Standard	All of the bulleted requirements of this component are included in the detainee handbook and/or supplement.

**STANDARD 6.1. DETAINEE HANDBOOK – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Every detainee receives a copy of the National Detainee Handbook and facility supplement. A review of the current local supplement verified that it accurately describes the rules, programs, procedures and requirements for detainees during their detention. The handbooks provide information regarding how to report allegations of abuse and civil rights violations, along with violations of officer misconduct directly to ICE/ERO or DHS OIG. The handbook and supplement are free from derogatory or insensitive statements about detainee religion or culture.

**Overall Rating:** Meets Standard**Reviewer Name (Printed)** (b)(6);(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**



**STANDARD 6.2. GRIEVANCE SYSTEM** (Key: AJ)

This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care.

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> Each facility shall have written policy and procedures for a detainee grievance system that:</p> <ul style="list-style-type: none"> <li>Establishes a procedure for any detainee to file a formal grievance;</li> <li>Establishes a procedure to track or log all ICE detainee grievances separately from other facility populations;</li> <li>Establishes reasonable time limits for: <ul style="list-style-type: none"> <li>Processing, investigating, and responding to grievances;</li> <li>Convening a grievance committee (or actions of a single designated grievance officer) to review formal complaints; and</li> <li>Providing written responses to detainees who filed formal grievances, including the basis for the decision.</li> </ul> </li> <li>Ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day, with a response from medical staff within five working days, where practicable;</li> <li>Establishes a special procedure for time-sensitive, emergency grievances, including having a mechanism by which emergency medical grievances are screened as soon as practicable by appropriate personnel;</li> <li>Ensures each grievance receives appropriate review;</li> <li>Provides at least one independent appeal that excludes individuals previously involved in the decision making process for the same grievance;</li> <li>Includes guarantees against reprisal; and</li> <li>Ensures information, advice, and directions are provided to detainees in a language or manner they can understand, or that interpretation/translation services are utilized.</li> </ul>	Meets Standard	All of the bulleted requirements of the component are included in the facility policy.
2. Detainees are informed about the facility's informal and formal grievance system in a language or manner they understand.	Meets Standard	The handbook clearly describes the formal and informal grievance systems and procedures.
3. The grievance section of the handbook explains all steps in the grievance process.	Meets Standard	

**STANDARD 6.2. GRIEVANCE SYSTEM** (Key: AJ)

This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care.

Components	Rating	Remarks (1000 Char Max)
4. Written procedures allow for the informal oral presentation and resolution of grievances. A detainee is free to bypass or terminate the informal grievance process at any point and proceed directly to the formal grievance stage.	Meets Standard	Policy dictates the procedures for the informal oral presentation and resolution of grievances and that a detainee is free to bypass or terminate the informal grievance process at any point and proceed directly to the formal grievance stage.
5. Detainees may submit a formal written grievance to a Grievance Officer at any time during, after, or in lieu of lodging an information complaint. To prepare a grievance, a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, legal representatives, or non-governmental organizations.	Meets Standard	Detainees may submit a formal written grievance at any time in lieu of lodging an informal complaint. Detainees have access to the grievance procedure through the grievance coordinator and may seek assistance from other detainees, facility staff, family members, legal representatives or members of non-governmental organizations when needed.
6. Formal written grievances regarding medical care shall be submitted directly to medical personnel designated to receive and respond to medical grievances at the facility.	Meets Standard	Formal grievances related to medical concerns are submitted directly to the medical department.
7. Each facility shall implement written procedures for identifying and handling a time-sensitive emergency grievance that involves an immediate threat to a detainee's health, safety or welfare.	Meets Standard	
8. All staff will be trained to appropriately respond to emergency grievances in an expeditious matter.	Meets Standard	Employees receive training on emergency grievances during initial orientation and annual refresher training.
9. A designated Grievance Officer (GO) shall conduct the initial adjudication of a grievance. The detainee shall have the option to file an appeal with a Grievance Appeals Board (GAB) if dissatisfied with a GO decision, and with the facility administrator if dissatisfied with a GAB decision. At all stages, detainees shall receive a decision on the grievance within five days of receipt of the appeal by the reviewing entity.	Meets Standard	The grievance coordinator conducts the initial adjudication of the grievance. Detainees can file an appeal with the grievance appeals board, and then to the OIC. If dissatisfied with the committee's decision, an appeal can be filed with the AFOD. At each stage of the grievance process, the detainee receives a response within five working days of receipt of the appeal.



**STANDARD 6.2. GRIEVANCE SYSTEM** (Key: AJ)

This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care.

Components	Rating	Remarks (1000 Char Max)
10. Facilities shall allow any ICE/ERO detainee dissatisfied with the facility's response to a grievance, or fearing retaliation, to appeal to or communicate directly with ICE/ERO.	Meets Standard	
11. <b>PRIORITY:</b> Each facility shall maintain a Detainee Grievance Log. The documentation shall include: the date the grievance was filed, the name of the detainee that filed the grievance, the nature of the grievance, the date the decision was provided to the detainee, and the outcome of the adjudication. A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee. Medical grievances are maintained in the detainee's medical file.	Meets Standard	The grievance coordinator maintains an electronic grievance log. The log includes the date the grievance was filed, the name of the detainee, the nature of the decision, the date of the decision and the outcome of the adjudication. A copy of the grievance disposition is placed in the detainee's detention file and a copy is provided to the detainee. Medical grievances are maintained in the detainee's medical file.
12. <b>PRIORITY:</b> Upon receipt, facility staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner.	Meets Standard	This is a DIGSA facility. Policy requires staff to immediately notify a supervisor, the OIC and ICE of any allegations of staff misconduct and to provide copies of the grievance to ICE in a timely manner. There were no documented incidents of officer misconduct during this inspection period.
13. Staff shall not harass, discipline, punish, or otherwise retaliate against a detainee who files a complaint or grievance or who contacts the Inspector General. Immediately following any indication or allegation of retaliation, the facility and ICE/ERO shall conduct an investigation of alleged acts of retaliation in a timely manner, and take all steps necessary to remedy any retaliation determined to have occurred.	Meets Standard	Policy prohibits employees from harassing, disciplining, punishing or otherwise retaliating against a detainee who files a complaint or grievance. Personnel state that detainees are not retaliated against for contacting the Inspector General and that if there is an indication that retaliation has occurred, command staff would be notified and the appropriate investigation and remedy would be implemented.

**STANDARD 6.2. GRIEVANCE SYSTEM – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)



STANDARD 6.2. GRIEVANCE SYSTEM – Reviewer Summary	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
<b>Overall Remarks:</b> <i>(Record significant facts, observations, other sources used, etc.) (5000 Character Max)</i> A review of policy and interviews with employees verified that procedures are in place for addressing detainee grievances in a timely manner. Policy is in place to expedite emergency grievances and employees are required to forward any grievance that includes officer misconduct to ICE. Employees attempt to resolve all informal oral grievances at the lowest level. Informal grievances, formal grievances and appeals are handled in a timely manner and are well documented. The facility has policy and procedures to address patterns of abuse within the grievance system.	
<b>Overall Rating:</b> Meets Standard	
<b>Reviewer Name (Print)</b> (b)(6)(b)(7)(C)	<b>Completion Date:</b> 10/6/2016
<b>Reviewer Signature (for printed form submission):</b>	

**STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS** (Key: AK)

This detention standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials.

Components	Rating	Remarks (1000 Char Max)
1. Each facility shall provide a properly equipped law library in a designated, well-lit room that is reasonably isolated from noisy areas and large enough to provide reasonable access to all detainees who request its use. It shall be furnished with a sufficient number of tables and chairs to facilitate detainees' legal research and writing.	Meets Standard	There are two law libraries at this facility. Both libraries are properly equipped, well lit and isolated from noisy areas. The libraries are furnished with a sufficient number of work stations and chairs to accommodate legal research and writing.
2. <b>PRIORITY:</b> Each detainee shall be permitted to use the law library for a minimum of five hours per week and may not be forced to forego his or her minimum recreation time to use the law library.	Meets Standard	Detainees are permitted to use the law library at least five hours per week and are not required to forego recreation time to use the law library. There are kiosks equipped with the LexisNexis program in each housing unit. The kiosks are available for detainee use 24 hours per day.
3. <b>PRIORITY:</b> The law library shall provide an adequate number of computers with printers, photocopiers and sufficient writing implements, paper, and related office supplies to enable detainees to prepare documents for legal proceedings, special correspondence, or legal mail. Typewriters, with replacement ribbons, carbon paper, and correction tape may be temporarily substituted for computers and printers only until such time as the facility can provide computers and printers, and if approved by ICE/ERO. Each facility administrator shall designate an employee to inspect the equipment at least daily and ensure it is in good working order and to stock sufficient supplies.	Meets Standard	There are twelve computer workstations in the law library used by the male detainees. The second law library is equipped with five computers. Printing and photocopying services are facilitated by the law library technician. Writing implements and supplies are available from the law library technician. The libraries are inspected daily for maintenance and restocking by the library technician.
4. Detainees are provided with the means to save legal work in a private electronic format for future use.	Meets Standard	According to the chief of security, a detainee may save legal materials in a personal electronic file. The detainee may request a CD of legal materials for future use.
5. The facility subscribes to updating services where applicable and legal materials requiring updates are current.	Does Not Meet Standard	LexisNexis, updated in March 2016, is installed on the library computers and housing unit kiosks. It is not the current version. The current version was being uploaded to the computers during the inspection.

**STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS** (Key: AK)

This detention standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials.

Components	Rating	Remarks (1000 Char Max)
6. Each facility administrator shall designate a facility law library coordinator to be responsible for updating legal materials, inspecting them weekly, maintaining them in good condition and replacing them promptly as needed.	Meets Standard	The law library technician is the designated law library coordinator and performs the required duties.
7. <b>PRIORITY:</b> The law library contains all materials listed in Appendix 6.3.A: "List of Legal Reference Materials for Detention Facilities" and any materials provided to the facility by ICE/ERO. As an alternative to obtaining and maintaining the paper-based publications in Appendix 6.3.A, a facility may substitute the Lexis/Nexis publications on CD ROM. Any materials listed in Appendix 6.3.A which are not loaded onto the Lexis/Nexis CD ROM must be maintained in paper form. If materials are provided on CD-ROM or in another electronic format, technical assistance shall be provided.	Meets Standard	The LexisNexis program is installed on every computer.
8. An up-to-date list of the law library's holdings, including the date and content of the most recent updates of all legal materials available to detainees in print and electronic media, are posted in the law library.	Meets Standard	The required list is posted in each library.
9. The facility administrator must certify to the respective Field Office Director – and the Field Office Director must verify -- that the facility provides detainees sufficient: <ul style="list-style-type: none"> <li>• Operable computers that are capable of running the Lexis/Nexis CDRom,</li> <li>• Operable printers,</li> <li>• Supplies for both, and</li> <li>• Instructions for detainees on the basic use of the system.</li> </ul>	Meets Standard	
10. Outside persons and organizations may submit published or unpublished legal material for inclusion in a facility's law library. If the material is in a language other than English, an English translation must be provided. Outside unpublished material is forwarded and reviewed by the ICE prior to inclusion.	Meets Standard	Approval from an ICE official is required prior to including legal materials submitted by an outside entity.
11. Detainees who require legal material not available in the law library may make a written request to the facility law library coordinator, who shall inform the Field Office of the request as soon as possible.	Meets Standard	Policy and practice are in accordance with the component requirements.



**STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS** (Key: AK)

This detention standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials.

Components	Rating	Remarks (1000 Char Max)
12. The facility shall ensure that detainees can obtain at no cost to the detainee photocopies of legal material and special correspondence when such copies are reasonable and necessary for a legal proceeding involving the detainee. Detainees shall also be permitted to photocopy grievances, letters regarding conditions of confinement, disciplinary decisions, special needs forms, or other documents that are relevant to the presentation of any type of immigration proceeding.	Meets Standard	
13. Facility staff provide assistance to detainees in accessing legal materials where needed (e.g. orientation to written or electronic media and materials; assistance in accessing related programs, forms, and materials).	Meets Standard	
14. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents.	Meets Standard	
15. Unrepresented illiterate, limited-English proficient, or disabled detainees who wish to pursue a legal claim related to their immigration proceedings or detention, and who indicate difficulty with the legal materials, must be provided assistance beyond access to a set of English-language law books. To the extent practicable and consistent with the good order and security of the facility, efforts will be made to assist all illiterate, limited-English proficient, and disabled persons in using the law library.	Meets Standard	Requests for materials in other languages are forwarded to an ICE official. LexisNexis provides detainees with a Spanish tutorial which instructs them on locating relevant materials. Facility personnel assist illiterate and disabled persons in using the law library.
16. The facility shall permit a detainee to retain all personal legal material upon admittance to the general population or Administrative Segregation or Disciplinary Segregation units, unless this would create a safety, security or sanitation hazard. Stored legal materials are accessible within 24 hours of a written request. Detainees with scheduled immigration hearings within 72 hours are provided access to their personal legal materials to the extent practicable.	Meets Standard	
17. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, unless compelling security concerns require limitations.	Meets Standard	There are law library kiosks available in the special management unit.
18. Denial of access to the law library must be: <ul style="list-style-type: none"> <li>Supported by compelling security concerns,</li> <li>Be for the shortest period required for security, and</li> <li>Be fully documented in the Special Management Unit housing logbook.</li> <li>Documented, with reasons listed, in the detention file.</li> </ul> The facility shall notify the Field Office every time access is denied and send a copy of the proper documentation.	Meets Standard	Policy addresses the component requirements.

**STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS** (Key: AK)

This detention standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials.

Components	Rating	Remarks (1000 Char Max)
19. The facility shall provide assistance to any unrepresented detainee who requests a notary public, certified mail, or other such services to pursue a legal matter, if the detainee is unable to do so through a family member, friend, or community organization.	Meets Standard	
20. Staff shall not permit a detainee to be subjected to reprisals, retaliation or penalties because of a decision to seek judicial or administrative relief or investigation of any matter.	Meets Standard	Policy addresses this component

**STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

ICE determines acceptance of outside published materials into the law libraries based on usefulness of the materials and space limitations, and notifies the submitter if materials are declined. Outdated legal materials are removed from the law libraries by the law library technician and damaged or stolen materials are replaced as necessary.

Each detainee has the opportunity to research his/her legal status and is provided the necessary equipment and materials. Per the ICE officer, ICE makes decisions regarding unpublished outside material requests within thirty days. When outside persons and organizations are permitted to submit legal materials for inclusion in the law library which are in a language other than English, an English translation is provided.

The housing unit officers monitor detainees using the law library kiosks. Detainees obtain photocopies for a legal proceeding by sending a request to the law library technician. These requests are denied only if the document poses a security risk, threat to orderly operations, violation of any law or regulation and/or the request is clearly abusive or excessive. The law library technician inspects documents offered for photocopying to ensure they comply with these rules, but does not read legal documents.

The record office clerk provides notary public services. The mail room supervisor provides certified mail and other such services to pursue a legal matter if unable to secure the services by other means. Indigent detainees are provided free envelopes and stamps for domestic mail related to their legal matters and for correspondence to a legal representative, a potential legal representative or any court. Requests to send international mail are reviewed by the law library technician and approved on a case-by-case basis.

The detainee handbook and postings in the housing units provide law library information, including rules, procedures, hours, information on how to request additional time in the law library, and how to access legal materials, how to request materials not included in the library, and how to report missing or damaged material.

During the evaluation of this standard, the law library was inspected; the LexisNexis program was manipulated in the law library and housing unit kiosks; employees and detainees were interviewed; and policy and the detainee handbook were reviewed. Several detainees were observed using the computers in the law libraries and all stated that they were very pleased with the access that they are afforded.

**Overall Rating:** Meets Standard**Reviewer Name (Printed)**

(b)(6), (b)(7)(C)

**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**



**STANDARD 6.4. LEGAL RIGHTS GROUP PRESENTATIONS** (Key: AL)

This detention standard protects detainees' rights by providing all detainees access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

Standard N/A

Click the above button if No Group Presentations were conducted within the past 12 months. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
1. If upon notification by the Field Office Director that a group presentation on legal rights has been approved, the facility administrator shall telephone the listed contact person to arrange a mutually acceptable date and time for the presentation according to the standard.	N/A	
2. <b>PRIORITY:</b> At least 48 hours before a scheduled presentation, facility staff shall in each housing unit prominently display the informational posters provided by the presenter, and provide a sign-up sheet for detainees who plan to attend. Detainees that fail to sign up shall not be deprived of the opportunity to attend a presentation for that reason.  The facility shall ensure that presentations are open to all detainees, regardless of the presenter's intended audience, except when a particular detainee's attendance would pose a security risk. Detainees in segregation are notified in advance of a presentation and provided the opportunity to attend. If the attendance of a detainee in segregation would pose a security risk, facility staff shall make arrangements with the presenters to offer a separate presentation and individual consultation to the detainee.	N/A	
3. One or more legal assistants may help with a presentation.	N/A	
4. The presenters ordinarily will have at least one hour for the presentation and additional time for a question-and-answer session. ICE/ERO and/or facility staff may observe and monitor presentations, assisted by interpreters as necessary. ICE/ERO and facility personnel will not interrupt a presentation, except for security purposes or if the allotted time has expired.	N/A	
5. If approved in advance by ICE/ERO, presenters may distribute brief written materials that inform detainees of U.S. immigration law and procedure. The request for approval of a presentation must list any published or unpublished materials proposed for distribution, and the requestor must provide a copy of any unpublished material, with a cover page.	N/A	
6. Following a group presentation, the facility shall permit presenters to meet with small groups of detainees to discuss their cases as long as meetings do not interfere with facility security and orderly operations.	N/A	



**STANDARD 6.4. LEGAL RIGHTS GROUP PRESENTATIONS** (Key: AL)

This detention standard protects detainees' rights by providing all detainees access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

Standard N/A

Click the above button if No Group Presentations were conducted within the past 12 months. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
7. The facility may discontinue or temporarily suspend group presentations by any or all presenters, if they: <ul style="list-style-type: none"> <li>• Pose an unreasonable security risk;</li> <li>• Interfere substantially with the facility's orderly operation;</li> <li>• Deviate materially from approved presentation materials or procedures; or if</li> <li>• The facility is operating under emergency conditions.</li> </ul>	N/A	
8. <b>PRIORITY:</b> If ICE/ERO approves an electronic presentation submitted by qualified individuals or organizations, the facility shall provide regularly scheduled and announced opportunities for detainees in the general population to view or listen to the electronic presentation(s). Each facility shall present only ICE/ERO-approved electronic presentations on detainee legal rights.	N/A	
9. The facility shall also provide detainees in administrative or disciplinary segregation for more than one week with at least one opportunity to view pre-approved presentation(s) during their placement in segregation, unless precluded by security concerns regarding a particular detainee.	N/A	
10. The facility shall maintain electronically-formatted presentations and equipment in good condition.	N/A	

**STANDARD 6.4. LEGAL RIGHTS GROUP PRESENTATIONS – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The standard provides that facilities may have Legal Orientation Programs (LOPs) which are government funded and for which the specific requirements and procedures outlined in the standard for legal rights may not apply. The Esperanza Group, an LOP funded by a grant from the Department of Justice, provides informational presentations at this facility. The LOP targets newly arriving detainees.

**Overall Rating:** N/A

**Reviewer Name (Print)**

(b)(6),(b)(7)(C)

**Completion Date:** 10/6/2016

**Reviewer Signature (for printed form submission):**

## ***Section VII: ADMINISTRATION & MANAGEMENT***

Detention Files  
News Media Interviews and Tours  
Staff Training  
Transfer of Detainees

**STANDARD 7.1. DETENTION FILES** (Key: AM)

This detention standard contributes to efficient and responsible facility management by maintaining, for each detainee booked into a facility for more than 24 hours, a file of all significant information about that detainee. This standard also addresses security for electronic files.

Components	Rating	Remarks (1000 Char Max)
1. For every new arrival whose stay will exceed 24 hours, a designated officer shall create a detainee detention file.	Meets Standard	A detention file is created for each detainee upon admission to the facility.
2. The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	Meets Standard	Detention files contain Form I-203, detainee photographs, RCA documents, personal property inventory records and receipts, and other documents generated or received during the admissions process.
3. The detention files are located and maintained in a secured area.	Meets Standard	The detention files are located and maintained in a secure records room.
4. Each detention file remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	Meets Standard	A detention file remains active during the detainee's stay. Upon release of the detainee, the intake officer adds copies of completed release documents, closed out receipts and other documentation.
5. At a minimum, a logbook entry recording the file's removal from the cabinet shall include: <ul style="list-style-type: none"> <li>• The detainee's name and A-File number;</li> <li>• Date and time removed;</li> <li>• Reason for removal;</li> <li>• Signature of person removing the file, including title and department;</li> <li>• Date and time returned; and</li> <li>• Signature of person returning the file.</li> </ul>	Meets Standard	There is a logbook available to record the removal of the files. The logbook includes the required bulleted items in the component.
6. Electronic record-keeping systems and data are protected from unauthorized access.	Meets Standard	Electronic record-keeping systems and data are password protected.

**STANDARD 7.1. DETENTION FILES – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

An inspection of the detention file storage area; interviews with intake officers and the intake supervisor; and reviews of detention file content revealed a detention file is created for each newly admitted detainee during the intake process.

The warden ensures the intake unit has necessary supplies and equipment, and that all equipment is maintained in good working order. The intake area has the necessary supplies to process detainees. Defective and extra copies of all forms and documents generated during the admissions process are disposed of properly.



**STANDARD 7.1. DETENTION FILES – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)*

The ICE officer confirmed that the field office maintains files as needed and shall retain all inactive files for a minimum of eighteen months. Approved personnel have access to detention files on an as needed basis and for official purposes only. Information may only be released to an outside third party when the detainee has signed a release of information consent form consistent with state and federal regulations and ICE has approved the request.

**Overall Rating:** Meets Standard**Reviewer Name (Printed):** (b)(6),(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

<b>STANDARD 7.2. INTERVIEWS AND TOURS</b> (Key: AN)		
This detention standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.		
<b>Components</b>	<b>Rating</b>	<b>Remarks (1000 Char Max)</b>
1. Interviews by reporters, other news media representatives, non-governmental organizations, academics, and parties not included in other visitation categories in the Detention Standard on Visitation shall be permitted access to facilities only by special arrangement and with prior approval of the respective ICE/ERO Field Office Director.	Meets Standard	According to policy, requests for interviews by reporters, other news media representatives, academics and parties not included in other visitation categories are coordinated between the warden and the FOD. The chief of security provided authorization documentation and confirmed the required practices are in place.
2. News media organizations shall abide by the policies and procedures of the facility being visited or toured. Media representatives must obtain advance permission from the facility administrator and FOD before taking photographs in or of any facility. The facility administrator shall advise both media representatives and detainees that use of any detainee's name, identifiable photo, or recorded voice requires his or her prior permission.	Meets Standard	According to policy, requests for interviews by reporters, other news media representatives, academics and parties not included in other visitation categories are coordinated between the warden and the FOD.
3. Media representatives shall obtain a signed release from the detainee before photographing or recording his or her voice. The original of the form is to be filed in the detainee's A-file with a copy in the facility's Detention File.	Meets Standard	After approval from the FOD and the warden, the requesting media must obtain a signed release from the detainee. The original form is stored in the A-file and a copy is placed in the detention file.
4. Detainees should not be pressured or coerced out of granting a personal interview request, nor should the facility in any way retaliate against a detainee for lawful communication with a member of the media or a member of the public.	Meets Standard	
5. A press pool may be established when the Public Affairs Officer, Field Office Director and facility administrator determine that the volume of interview requests warrants such action.	Meets Standard	Policy addresses the conditions under, and manner by which a press pool may be established. Approvals are required as stipulated by this component.

**STANDARD 7.2. INTERVIEWS AND TOURS** (Key: AN)

This detention standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.

Components	Rating	Remarks (1000 Char Max)
6. If a tour or visit by a non-governmental organization or other stakeholders is approved by ICE/ERO, the facility shall post both the ICE sign-up sheet and the ICE stakeholder tour/visit notification flyer at least 48 hours in advance of the tour or visitation in appropriate locations (e.g. message boards, housing areas). Facility staff permit NGO or stakeholder access to pre-identified detainees and/or detainees who have signed up in advance to speak with the stakeholder.	Meets Standard	The facility has a detailed policy on tours/NGO visits. The policy addresses the elements of this component.

**STANDARD 7.2. INTERVIEWS AND TOURS – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

A review of policy, detainee interview release forms, tour and interview approval emails and interviews with the warden and chief of security revealed the public and the media are informed of events within the facility's area of responsibility through interviews and tours. The privacy of detainees and staff, including the right of a detainee not be photographed or recorded, is protected. Media representatives, media visitors, tours, personal interviews, press pools and visits by NGOs are all coordinated and approved by ICE officials.

Access is not denied based on the political or editorial viewpoint of the requestor. Prior to the tour, the warden or designee explains the terms and guidelines of the tour to the visitors.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed):** (b)(6);(b)(7)(C)

**Completion Date:** 10/6/2016

**Reviewer Signature (for printed form submission):**



**STANDARD 7.3. STAFF TRAINING** (Key: AO)

This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training.

Components	Rating	Remarks (1000 Char Max)
1. The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers with appropriate assessment measures.	Meets Standard	Policy and procedure outline a comprehensive training plan for staff, contractors and volunteers. The training includes initial, annual and specialized training. The training program includes the use of written examinations to demonstrate trainee competency.
2. The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	Meets Standard	
3. At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, training personnel complete a 40-hour training-for-trainers course.	Meets Standard	The training administrator and all trainers have completed forty hour training for trainer's course.
4. Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	Meets Standard	The training plans have been reviewed and approved by the OIC. The last review and approval of the plan was 06/06/2016.
5. Training shall be conducted by trainers certified in the subject matter.	Meets Standard	
6. Each trainee shall be required to pass a written or practical examination to ensure the subject matter has been mastered.	Meets Standard	
7. The formal training received by each trainee shall be fully documented in permanent training records.	Meets Standard	Training is documented in digital as well as in hard copy folders.

**STANDARD 7.3. STAFF TRAINING** (Key: AO)

This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training.

Components	Rating	Remarks (1000 Char Max)
<p>8. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum:</p> <ul style="list-style-type: none"> <li>• ICE/ERO detention standards</li> <li>• Cultural and language issues, including requirements related to limited English proficient detainees</li> <li>• Requirements related to detainees with disabilities and special-needs detainees</li> <li>• Code of ethics</li> <li>• Drug-free workplace</li> <li>• Emergency plans and procedures</li> <li>• Signs of suicide risk, suicide precautions, prevention, and intervention</li> <li>• Use of force</li> <li>• Key and lock control</li> <li>• Tour of the facility</li> <li>• Staff rules and regulations</li> <li>• Sexual abuse/sexual misconduct awareness and reporting</li> <li>• Hostage situations and staff conduct if taken hostage</li> </ul>	Meets Standard	All bulleted training subjects are included in the initial orientation for new employees, contractors and volunteers. The orientation training is completed prior to assuming duties.
<p>9. Employees and contractors who have minimal detainee contact and no significant responsibilities involving detainees receive initial and annual training that includes:</p> <ul style="list-style-type: none"> <li>• ICE/ERO detention standards update</li> <li>• Cultural and language issues including requirements related to limited English proficient detainees</li> <li>• Requirements related to detainees with disabilities and special needs detainees</li> <li>• Code of ethics</li> <li>• Staff rules and regulations</li> <li>• Key and lock control</li> <li>• Signs of suicide risk, suicide precautions, prevention, and intervention</li> <li>• Drug-free workplace</li> <li>• Health-related emergencies</li> <li>• Emergency plans and procedures</li> <li>• Sexual abuse and sexual misconduct awareness</li> <li>• Hostage situations and staff conduct if taken hostage</li> </ul>	Meets Standard	Employees and contractors who have minimal contact or responsibilities over detainees receive all of the bulleted training during initial orientation and annual refresher training.

**STANDARD 7.3. STAFF TRAINING** (Key: AO)

This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training.

Components	Rating	Remarks (1000 Char Max)
<p>10. Professional and support employees (including contractors) who have regular or daily detainee contact will receive initial and annual training on the following subjects, at a minimum:</p> <ul style="list-style-type: none"> <li>• ICE/ERO detention standards</li> <li>• Cultural and language issues including requirements related to limited English proficient detainees</li> <li>• Requirements related to detainees with disabilities and special needs detainees</li> <li>• Security procedures and regulations</li> <li>• Sexual harassment and sexual misconduct awareness (including the contents of Standard 2.11)</li> <li>• Appropriate conduct with detainees</li> <li>• Code of Ethics</li> <li>• Health-related emergencies</li> <li>• Drug-free workplace</li> <li>• Supervision of detainees</li> <li>• Signs of hunger strike</li> <li>• Signs of suicide risk, suicide precautions, prevention, and intervention</li> <li>• Use-of-force regulations</li> <li>• Hostage situations and staff conduct if taken hostage</li> <li>• Report writing</li> <li>• Detainee rules and regulations</li> <li>• Key and lock control</li> <li>• Rights and responsibilities of detainees</li> <li>• Safety procedures</li> <li>• Emergency plan and procedures</li> <li>• Interpersonal relations</li> <li>• Communication skills</li> <li>• Cardiopulmonary resuscitation (CPR)/First aid</li> <li>• Counseling techniques</li> </ul>	Meets Standard	All bulleted training components are included in the initial orientation and annual refresher training for professional and support employees (including contractors) having daily or regular detainee contact.



**STANDARD 7.3. STAFF TRAINING** (Key: AO)

This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training.

Components	Rating	Remarks (1000 Char Max)
11. Full-time health care employees receive, in addition to the training areas above, instruction in the following: <ul style="list-style-type: none"> <li>• Medical grievance procedures and protocols</li> <li>• Emergency medical procedures</li> <li>• Occupational exposure</li> <li>• Personal protective equipment</li> <li>• Bio-hazardous waste disposal</li> <li>• Overview of the detention operations.</li> </ul>	Meets Standard	In addition to the required training for professional and support employees, all bulleted training subjects are included in the training for full-time health care employees. The training is conducted by facility medical personnel.
12. Security personnel will receive, in addition to the training areas above, training on the following subjects, at a minimum: <ul style="list-style-type: none"> <li>• Searches of detainees, housing units, and work areas</li> <li>• Self-defense techniques</li> <li>• Use-of-force regulations and tactics</li> </ul>	Meets Standard	In addition to the initial orientation training, all security personnel receive training on the searches of detainees, housing units and work areas, self-defense techniques and use of force regulations and tactics.
13. Situation Response Teams (SRTs) receive: <ul style="list-style-type: none"> <li>• Specialized training before undertaking their assignments.</li> </ul>	Meets Standard	The Correctional Emergency Response Team (CERT) members receive forty hours of specialized training before participating in CERT missions. The team also trains eight hours per month.
14. <b>PRIORITY:</b> Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use -- before being assigned to a post involving their possible use.  All personnel authorized to use firearms demonstrate competency in their use at least annually.	Meets Standard	All personnel authorized to use firearms receive training in the use, safety, care and constraints on their use prior to being assigned to an armed post. Personnel authorized to use firearms are required to demonstrate competency in their use at least annually.
15. <b>PRIORITY:</b> Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.	Meets Standard	All employees authorized to use chemical agents receive training in the use of chemical agents and in the decontamination of individuals exposed to a chemical agent prior to being assigned to a post involving their use. Only detention supervisors and CERT members are authorized to use chemical agents, and then only with the approval of the OIC.

**STANDARD 7.3. STAFF TRAINING – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**STANDARD 7.3. STAFF TRAINING – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

A review of policy, interviews with the training personnel, and a review of training records indicated that the facility is providing orientation training and annual refresher training to employees, contractors and volunteers.

**Overall Rating:** Meets Standard**Reviewer Name (Printed)** (b)(6)(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

**STANDARD 7.4. DETAINEE TRANSFERS** (Key: AP)

This detention standard is written to ensure that transfers of detainees from one facility to another are accomplished in a manner that ensures the safety and security of the staff, detainees, and the public; and that the process relating to transfers of detainees is carried out professionally and responsibly with respect to notifications, detainee records, and the protection of detainee funds and property.

Components	Rating	Remarks (1000 Char Max)
1. The sending facility ensures that: <ul style="list-style-type: none"> <li>• Specific plans and time schedules are not discussed with the detainee prior to transfer.</li> <li>• The detainee is notified of the transfer immediately prior to departing the facility, in a language or manner he/she can understand.</li> <li>• The detainee is not permitted to make or receive any phone calls, or have contact with any detainee in the general population, until he/she reaches the destination facility.</li> </ul>	Meets Standard	ICE officers make all transfer notifications independent of, and without informing, facility staff. Policy addresses all requirements of this component.
2. The sending facility shall ensure that the detainee acknowledges at the time of transfer, in writing, that: <ul style="list-style-type: none"> <li>• He or she has received the transfer destination information;</li> <li>• It is his or her responsibility to notify family members if so desired, upon admission into the receiving facility; and</li> <li>• He or she may place a domestic phone call, at no expense to the detainee, upon admission into the receiving facility.</li> </ul>	Meets Standard	ICE personnel provide the detainee with a written transfer notification that includes the required information.
3. A detainee may not be transferred from any facility without the appropriate Form I-203 or I-216 or equivalent authorizing the detail.	Meets Standard	Form I-203 or I-216 is completed for all transfers.
4. The facility health care provider shall be notified sufficiently in advance of the transfer that medical staff may determine and provide for any associated medical needs.	Meets Standard	



**STANDARD 7.4. DETAINEE TRANSFERS** (Key: AP)

This detention standard is written to ensure that transfers of detainees from one facility to another are accomplished in a manner that ensures the safety and security of the staff, detainees, and the public; and that the process relating to transfers of detainees is carried out professionally and responsibly with respect to notifications, detainee records, and the protection of detainee funds and property.

Components	Rating	Remarks (1000 Char Max)
<p>5. When a detainee is transferred within the ICE Health Service Corps (IHSC) system, ICE/ERO shall ensure that:</p> <ul style="list-style-type: none"> <li>Form USM-553, or equivalent Medical Transfer Summary, and a copy of the detainee's full medical record accompanies the detainee; and</li> <li>The full medical record is placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."</li> </ul> <p>When a detainee is transferred to an IGSA detention facility, the sending facility shall ensure that the Transfer Summary accompanies the detainee. A copy of the full medical record must accompany each detainee during transfer unless extenuating circumstances make this impossible, in which case the full medical record will follow as soon as practicable.</p>	Meets Standard	This DIGSA facility is not within the IHSC system. A full medical record accompanies the detainee. The component requirements are outlined in policy and confirmed in practice.
<p>6. The sending facility's medical staff shall prepare a Transfer Summary that must accompany the transferee. Either the USM 553 Form or a facility-specific form may be used, provided it shows:</p> <p>TB clearance, including PPD with the test dates, and Chest x-ray results if the detainee has received a positive PPD reading;</p> <p>Current mental and physical health status, including all significant health issues;</p> <p>Current medications, with specific instructions for medications that must be administered en route;</p> <p>Any pending medical or mental health evaluations, tests, procedures, or treatments for a serious medical condition scheduled for the detainee at the sending facility; and</p> <p>The name and contact information of the transferring medical official.</p>	Meets Standard	
<p>7. Transportation staff may not transport a detainee without the required Transfer Summary, which is essential for detainee safety while in transit.</p>	Meets Standard	Transfer summaries accompany every transferring detainee. Policy addresses this component.
<p>8. Upon receiving notification that a detainee is to be transferred, appropriate medical staff at the sending facility shall notify the facility administrator of any medical/psychiatric alerts or holds that have been assigned to the detainee, as reflected in the detainee's medical records. The facility administrator shall notify ICE/ERO of any medical/psychiatric alerts or holds placed on a detainee that is to be transferred.</p>	Meets Standard	

**STANDARD 7.4. DETAINEE TRANSFERS** (Key: AP)

This detention standard is written to ensure that transfers of detainees from one facility to another are accomplished in a manner that ensures the safety and security of the staff, detainees, and the public; and that the process relating to transfers of detainees is carried out professionally and responsibly with respect to notifications, detainee records, and the protection of detainee funds and property.

Components	Rating	Remarks (1000 Char Max)
9. If a detainee has been placed in a medical hold status, the detainee must be evaluated and cleared by a licensed independent practitioner prior to transfer. If the evaluation indicates that transfer is medically appropriate but that health concerns associated with the transfer remain, medical staff at the sending facility shall notify ICE and shall provide ICE requested information and other assistance, to the extent practicable, to enable ICE to make appropriate transfer determinations.	Meets Standard	Policy addresses this component.
10. <b>PRIORITY:</b> Prior to transfer, medical personnel shall provide the transporting officers instructions and, if applicable, medication(s) for the detainee's care in transit. Detainees shall be transferred with, at a minimum, 7 days' worth of prescription medications (TB medications, a 15 day supply) to ensure continuity of care throughout the transfer and subsequent intake process. Medications shall be: <ul style="list-style-type: none"> <li>Placed in a property envelope with the detainee's name and A-number, and appropriate administration instructions, on it,</li> <li>Accompany the transfer, and</li> <li>If unused, be turned over to the receiving medical personnel.</li> </ul>	Meets Standard	According to the ICE officer, medical personnel provide the information and medication required by this component to facility transport officers prior to transfer. Medication is packaged as required. Unused medication that arrives at this facility with detainees is released to medical personnel.
11. Before transfer, the sending facility shall return all funds and small valuables to the detainee and close out all forms G-589 (or local IGSA funds and valuables receipts) in accordance with the Detention Standard on Funds and Personal Property.	Meets Standard	All property and funds are returned to the detainee before transfer and all property forms are closed-out.
12. After admission into the receiving facility or Field Office, all detainees must be given the documented opportunity to make one domestic three-minute phone call at no cost to the detainee. The responsible processing supervisor or his/her designee shall ensure that the detainee is promptly informed that he/she may notify interested persons of the transfer.	Meets Standard	According to the release officer, detainees are offered free telephone calls as described in this component after admission into the receiving facility. The processing staff document that the telephone calls were offered. The detainee is promptly notified of his/her right to inform interested persons of his/her transfer.

**STANDARD 7.4. DETAINEE TRANSFERS – Reviewer Summary**

(Use following format for dates: mm/dd/yyyy)

**STANDARD 7.4. DETAINEE TRANSFERS – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

A review of policy and interviews with the ICE officer, chief of security and release officers revealed that the transfer of detainees from one facility to another is professionally and responsibly managed in regards to notifications, detainee records, safety and security concerns, and protection of detainee funds and personal property.

Detainee transfers are conducted in accordance with required notification, safety and medical requirements specified in the standard.

**Overall Rating:** Meets Standard**Reviewer Name (Printed)** (b)(6);(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**



**DOCUMENT CHECK**

The document check should be run upon completion of the review form and PRIOR to submission to DHS-ICE. This check will help ensure the form is ready for upload to DHS-ICE systems. Errors indicate issues were found with specific data entered into the form. Items Not Rated indicate there were line items found on the form which remain in a "Not Rated" status. This action will also update the table of contents.

**The check will take several minutes to complete, during which the screen will flash.**

Review Document Issue Summary		Ratings check complete.			
Check Document:	<b>Run Check</b>	Error(s) Found:	0	Items Not Rated:	0
<b>Errors:</b> <div style="border: 1px solid black; padding: 10px; min-height: 150px;"> <b>No Errors Found</b> </div>					
<b>Items Not Rated:</b> <div style="border: 1px solid black; padding: 10px; min-height: 300px;"> <b>All Items Rated</b> </div>					

Run Indicator: ☒

**A. Type of Facility Reviewed**

- ☐ ICE Service Processing Center  
☐ ICE Contract Detention Facility  
☒ ICE Intergovernmental Service Agreement

Estimated Man-days Per Year  
708,100

**B. Current Inspection**

Type of Inspection  
☐ Field Office ☒ HQ Inspection

Date[s] of Facility Review  
10/04/2016 - 10/06/2016

**C. Previous/Most Recent Facility Review**

Date[s] of Last Facility Review  
10/06/2015- 10/08/2015

Previous Rating  
☒ Meets Standards ☐ Does Not Meet Standards

**D. Name and Location of Facility**

Name  
Adelanto Detention Facility East  
Address (Street and Name)  
10400 Rancho Road  
City, State and Zip Code  
Adelanto, CA 92301  
County  
San Bernadino  
Name and Title of Facility Administrator  
(Warden/OIC/Superintendent)  
James Janecka-Warden  
Telephone # (Include Area Code)  
760-561-(b)(6) ext. 1103 Cell 575-63 (b)(6)(b)(7)(C)  
Field Office / Sub-Office (List Office with oversight responsibilities)  
Los Angeles  
Distance from Field Office  
85 miles

**E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)  
(b)(6)(b)(7)(C) LCI/Detainee Rights SME / Nakamoto

Name of Team Member / Title / Duty Location  
(b)(6)(b)(7) Medical SME / Nakamoto Group

Name of Team Member / Title / Duty Location  
(b)(6)(b) Safety SME / Nakamoto Group

Name of Team Member / Title / Duty Location  
(b)(6)(b)(7) Security SME / Nakamoto Group

Name of Team Member / Title / Duty Location  
/ /

**F. CDF/IGSA Information Only**

Contract Number  
EROIGSA-11-003  
Date of Contract or IGSA  
06/1/2016

Basic Rates per Man-Day  
(b)(7)(E)

Other Charges: (If None, Indicate N/A)  
(b)(7)(E) Monthly; Detainee worker program 1.00;

**G. Accreditation Certificates**

List all State or National Accreditation[s] received:  
ACA (February 2014) NCCHC (April 2016)  
☐ Check box if facility has no accreditation[s]

**H. Problems / Complaints (Copies must be attached)**

The Facility is under Court Order or Class Action Finding  
☐ Court Order ☐ Class Action Order  
The Facility has Significant Litigation Pending  
☐ Major Litigation ☐ Life/Safety Issues  
☒ Check if None.

**I. Facility History**

Date Built  
1991  
Date Last Remodeled or Upgraded  
2010  
Date New Construction / Bedspace Added  
N/A  
Future Construction Planned  
☐ Yes ☒ No Date:  
Current Bedspace  
650  
Future Bedspace (# New Beds only)  
Number: N/A Date: N/A

**J. Total Facility Population**

Total Facility Intake for previous 12 months  
9,202  
Total ICE Mandays for Previous 12 months  
589,137

**K. Classification Level (ICE SPCs and CDFs Only)**

	L-1	L-2	L-3
Adult Male	N/A	N/A	N/A
Adult Female	N/A	N/A	N/A

**L. Facility Capacity**

	Rated	Operational	Emergency
Adult Male	325	325	326
Adult Female	325	325	326
<input type="checkbox"/> Facility holds Juveniles Offenders 16 and older as Adults			

**M. Average Daily Population**

	ICE	USMS	Other
Adult Male	299	N/A	N/A
Adult Female	302	N/A	N/A

**N. Facility Staffing Level**

Security: Support:

(b)(7)(E)

### **Significant Incident Summary Worksheet**

For The Nakamoto Group to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE detainees at your facility.

<b>Incidents</b>	<b>Description</b>	<b>Jan – Mar</b>	<b>Apr – Jun</b>	<b>Jul – Sept</b>	<b>Oct – Dec</b>
Assault: Offenders on Offenders <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	Physical	Physical	Physical	Physical
	With Weapon	0	0	0	0
	Without Weapon	1	5	1	3
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	0	0	0
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	0	0	0
Disturbances <sup>4</sup>		1	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	8	8	12	5
	# Resolved in favor of Offender/Detainee	4	4	5	2
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	N/A	N/A	N/A
	Number	N/A	N/A	N/A	N/A
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	171	208	113	153
	# Psychiatric Cases referred for Outside Care	10	21	15	17

<sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders

<sup>2</sup> Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

<sup>3</sup> Routine transportation of detainees/offenders is not considered "forced"

<sup>4</sup> Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.



## DHS/ICE Detention Standards Review Summary Report

1. Meets Standards		2. Does Not Meet Standards		3.Repeat Finding		4. Not Applicable		1	2	3	4
PART 1 SAFETY											
1	Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
2	Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
3	Transportation (By Land)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/>
PART 2 SECURITY											
4	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
5	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
6	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
7	Facility Security and Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
8	Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>
9	Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
10	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
11	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
12	Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
13	Searches of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
14	Sexual Abuse and Assault Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
15	Special Management Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
16	Staff-Detainee Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
17	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
18	Use of Force and Restraints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
PART 3 ORDER											
19	Disciplinary System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
PART 4 CARE											
20	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
21	Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
22	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
23	Personal Hygiene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
24	Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
25	Terminal Illness, Advance Directives, and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
PART 5 ACTIVITIES											
26	Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
27	Escorted Trips for Non-Medical Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/>
28	Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>
29	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
30	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
31	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
32	Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
33	Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>
PART 6 JUSTICE											
34	Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
35	Grievance System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
36	Law Libraries and Legal Material	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
37	Legal Rights Group Presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
PART 7 ADMINISTRATION & MANAGEMENT											
38	Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
39	News Media Interviews and Tours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
40	Staff Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
41	Transfer of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

### LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Lead Compliance Inspector: (Print Name) (b)(6);(b)(7)(C)	Signature (b)(6);(b)(7)(C)
Title & Duty Location Lead Compliance Inspector, The Nakamoto Group, Inc.	Date 10/06/2016

#### Team Members

Print Name, Title, & Duty Location (b)(6);(b)(7)(C) Medical SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location (b)(6);(b)(7)(C) Safety SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location (b)(6);(b)(7)(C) Security SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location

#### Recommended Rating:

- ☒ Meets Standards  
☐ Does Not Meet Standards

Comments: This inspection was conducted to determine overall compliance with the ICE Performance-Based National Detention Standards 2011 (42 standards), which include the following additions/changes to the standards listed on page three:

- Medical Care (Women), a new standard, was rated as Meets Standard;
- Classification System is now titled Custody Classification System;
- Suicide Prevention and Intervention is now titled Significant Self-Harm and Suicide Prevention and Intervention;
- Escorted Trips for Non-Medical Emergencies is now titled Trips for Non-Medical Emergencies;
- News Media Interviews and Tours is now titled Interviews and Tours, and;
- Transfer of Detainees is now titled Detainee Transfers.

Sections F., J., and N., as reported on the SIS, are combined with the numbers from the adjacent facility.

There were no deaths, escapes or hunger strikes during the inspection period. There was one serious suicide attempt. A female detainee attempted to jump from the upper tier to the lower tier of the housing unit. Medical and detention personnel responded and were able to stop the detainee from jumping. She was transferred to a community hospital for treatment. All standard guidelines and medical protocols were followed.

There were eight allegations of sexual abuse or assault during this inspection period. All allegations were detainee-on-detainee, of which three were unsubstantiated. There are five investigations pending. All allegations involved unwanted touching and

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intimidation. In all instances, proper protocols and documentation were utilized and the appropriate measures were taken initially to protect the possible victims.

There were two use of force incidents. Both were immediate uses of force, and both were non-routine application of restraints for refusing direct orders. The detainees were escorted to medical services immediately and no injuries were recorded. Both incidents were reviewed as required by the standard and the reviews indicated that the force was necessary, appropriate and not excessive. Tasers are not used and canines are not deployed at this facility. Chemical agents will be dispersed when necessary. Choke holds are prohibited by policy guidelines.





October 6, 2016

TO: (b)(6),(b)(7)(C)  
Assistant Director for Detention Management

FROM: (b)(6),(b)(7)(C)  
Lead Compliance Inspector  
The Nakamoto Group, Inc.

SUBJECT: **Annual Detention Inspection of the Adelanto Detention Facility East**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011 of the Adelanto Detention Facility East in Adelanto, CA during the period of October 4-6, 2016. This is a DIGSA facility.

The annual inspection was performed under the guidance of Lynn Cahill-Masching, Lead Compliance Inspector. Team Members were:

Subject Matter Field	Team Member
Detainee Rights	(b)(6),(b)(7)(C)
Security	
Medical Care	
Safety	

### **Type of Inspection**

This is a scheduled annual inspection, which is performed to determine overall compliance with the ICE PBNDS 2011 for Over 72 hour facilities. The facility was rated Meets Standard during the October 2015 inspection.

### **Inspection Summary**

The Adelanto Detention Facility East is currently accredited by:

- The American Correctional Association (ACA) - Yes
- The National Commission on Correctional Health Care (NCCHC) - Yes
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) - No

### **Standards Compliance**

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2015 and 2016 PBNDS 2011 annual compliance inspections:



The Nakamoto Group, Inc.

<b>2015 Annual Inspection</b>	
Meets Standards	40
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	2

<b>2016 Annual Inspection</b>	
Meets Standards	40
Does Not Meet Standards	0
Repeat Deficiency	0
Not Applicable	2

The inspection team identified five (5) deficient components in the following five (5) standards:

Environmental Health and Safety - 1  
Funds and Personal Property – 1, which is a repeat deficiency  
Sexual Abuse and Assault Prevention and Intervention - 1  
Special Management Units -1, which is a priority  
Law Libraries and Legal Material -1

### **Facility Snapshot/Description**

The Adelanto Detention Facility East is located in Adelanto, California. The facility is located in the High Desert region of San Bernardino County. The Adelanto Detention Facility is owned and operated by the Geo Group, Inc. The Geo Group has an intergovernmental services agreement with ICE and the City of Adelanto, California. The facility is a dedicated IGSA facility housing male and female detainees. On October 4, 2016, the count was 607, which included 129 female detainees. The average length of stay is 51 days. The facility houses female detainees with low, medium and high custody classification levels. The facility houses medium-low and low custody male detainees.

Adelanto East contains seven (7) dormitory-style housing units that have bed space varying from 29-114 bed in each dorm. The total bed space available is 650. Housing areas provide adequate open space. Detainees in the housing areas are directly supervised by assigned housing unit officers and are under constant camera surveillance. Housing areas provide generous open space. Detainees spend the majority of their time socializing in the dayrooms, watching television, working or participating in indoor/outdoor recreation activities. There is a large outdoor recreation area, as well as two smaller areas, which is available to detainees on a regular basis. The atmosphere throughout the facility was relaxed. Detainees were witnessed speaking with facility supervisors and housing unit officers. Detainees were observed participating in outdoor recreation activities, barber shop services, beauty shop services, housing unit assignments, kitchen assignments, legal services, and contact visitation. There are kiosks in each housing unit programmed with LexisNexis. Detainees have access to kiosks 24 hours per day, seven days per week.

Detainees stated, without exception, that they felt safe. No less than eighty interviews were completed and included: detainees with limited English proficiency; males and females; detainees housed in general population and the special management unit; detainees in the recreation areas; detainees being admitted to the facility and several detainees being processed for release. There were no concerns voiced by the detainees. Detainees were knowledgeable about the services available. LEP detainees indicated that they had no issues communicating with staff and no problems obtaining services. All the detainees knew how to contact their assigned ICE officer. Detainees freely approached the inspectors to converse and offered compliments regarding their personal safety, daily living activities, legal services and staff professionalism. The facility is clean with high standards of sanitation.

Facility employees conducted themselves professionally, with a clear understanding of the standard guidelines. Many of the staff are bilingual.





Medical services are provided by Correct Care Solutions. All other services are provided by GEO Group employees.

### **Areas of Concern/Significant Observations**

#### Priority Component Rated Does Not Meet Standard

##### ***Special Management Units***

*Priority Component #11:* states in part: "When a detainee has spent seven days in administrative segregation, and every week thereafter, for the first thirty days, and at least every ten days thereafter, a supervisor conducts a similar review, including an interview with the detainee..."

*Finding:* The administrative segregation review process does not include an interview with the detainee.

*Recommendation:* Interview the detainee during the administrative segregation review process.

### **Recommended Rating and Justification**

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards. The facility complies with the ICE Performance Based National Detention Standards (PBNDS) 2011. Forty (40) standards were found to Meet Standards. Two (2) standards are Not Applicable.

#### LCI Assurance Statement

The findings of Meets Standards and Does Not Meet Standards are accurately and completely documented on the G-324 Inspection Form and are supported by documentation in the inspection file. An out brief was conducted at the facility and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

- ICE Officials – AFOD (b)(6),(b)(7)(C) AFOD (b)(6),(b)(7)(C) SDDO (b)(6),(b)(7)(C) SDDO (b)(6),(b)(7)(C) SDDO (b)(6),(b)(7)(C) DO (b)(6),(b)(7)(C) DO (b)(6),(b)(7)(C) IHSC FMC (b)(6),(b)(7)(C) (b)(6),(b)(7)(C)
- Facility Staff – Warden James Janecka, Deputy Warden (b)(6),(b)(7)(C), Assistant Warden (b)(6),(b)(7)(C) Major (b)(6),(b)(7)(C) and various supervisors and staff

(b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)

Lead Compliance Inspector

October 6, 2016

Printed Name of LCI

Date